

Postdoctoral Fellowship in Health Service Psychology

Cincinnati VA Medical Center

Psychology
Training
Program

2024-2025
Training Year



Training Emphasis Areas:

- Interprofessional Team-Based Care
- Trauma Treatment and Mental Health Care of Homeless Veterans



VA | U.S. Department
of Veterans Affairs
Cincinnati VA Medical Center

Better Each Day

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MISSION STATEMENT AND COVID 19

On April 30, 2020, the Office of Public and Intergovernmental Affairs released the following report:

Veteran trust in VA health care rises above 90 percent for the first time

WASHINGTON — The U.S. Department of Veterans Affairs (VA) today released survey results showing Veteran trust in VA health care outpatient services has increased more than 5% since 2017, reaching 90.1% as of April 12. VA received surveys from 4,030,438 Veterans since June 2017 to the present via the Veterans Signals customer feedback program which asks Veterans about their care experience and to rate their trust in VA.

“These improvements are a testament to not only VA’s investment in patient experience programs but also the dedication of our employees.” said VA Secretary Robert Wilkie. “Even during a pandemic, our VA team has continued its steadfast commitment to delivering the highest quality care for our nation’s Veterans.”

The world changed dramatically in 2020 and the VA health care system has been continually adapting to the changing circumstances and needs of our Veteran population. Likewise in our own facility here in Cincinnati we have modified our activities, routines, and healthcare delivery on behalf of our local Veterans, Staff, and Trainees.

The mission of our Fellowship training program is the development of psychologists who have the knowledge, skills, and self-awareness necessary to deliver psychological services to diverse populations in a variety of settings, and who practice competently and independently in a professional, empathic, and responsible manner. During the 2020-2021 training year we maintained our pursuit of this mission by flexibly adapting our training activities, training all of our Fellows in the use of Video-based telehealth, and rapidly expanding the use of telehealth in our outpatient programs. We also adapted our delivery of clinical supervision and didactic training to a video conferencing format without a loss of frequency or quality.

During the challenge of Covid 19 and its aftermath we remain committed to both the health and training of our Fellows with the awareness that training in a hospital setting comes with its own unique opportunities and risks. We value both our ability to tailor the training experience to the needs of the Fellowship class, and the ability of our program to adapt to the changing needs and preferences of the Veterans we serve.

It is impossible to predict what challenges the future holds, but we invite you to apply to our training program and join us in our ongoing efforts to meet the 21st century needs of our Veteran population.

Please note: as a Federal training site our program staff and trainees follow the federal guidelines and requirements for the VHA with regard to COVID based safety measures and vaccinations.

The Setting

Living in Cincinnati

Cincinnati is a scenic city built on seven hills along the banks of the Ohio River. The population of the city and surrounding metropolitan area is approximately 2.1 million people. It has the distinct advantage of being a large enough city to offer a great variety of experiences, while not being so large that one gets overwhelmed or that traffic paralyzes the roadways at rush hour. Its moderate size allows for excellent government services while offering a wide variety of interesting social, cultural and athletic activities (<http://cincinnatiusa.com/things-to-do/Downtown>).

The Census Bureau estimates Cincinnati's multicultural population at nearly 50% of the city's total. Cincinnati is the home of the National Underground Railroad Freedom Center (<http://freedomcenter.org/>), and private groups like the Cincinnati USA Regional Chamber are nationally known for leadership in diversity and inclusion business practices (<http://www.cincinnati-chamber.com/the-inclusive-chamber>).

Cincinnati is the home of the University of Cincinnati, Xavier University, Hebrew Union College, Cincinnati Art Academy, College Conservatory of Music and the College of Mount St. Joseph. In addition to the cultural events offered at these institutions, Cincinnati has a nationally known symphony orchestra (<http://cincinnati-symphony.org/>), the second oldest opera company in the United States (Cincinnati Opera), a May Festival devoted to classical oratorios with nationally known performers, and the Cincinnati Ballet Company. The Cincinnati Playhouse in the Park offers professional productions of contemporary and classical theater on its two stages throughout the year. The Aronoff Center for the Performing Arts in downtown Cincinnati hosts professional theatre and dance year-round (<http://cincinnatiarts.org/aronoff>).



Figure 1: Aronoff Center for the Performing Arts

The greater Cincinnati area also has more than 100 museums and galleries which enhance its reputation as a cultural center. These include the Cincinnati Art Museum in Eden Park, The National Underground Railroad Freedom Center, Contemporary Art Center, Taft Museum, Krohn Conservatory as well as the Museum Center which houses the Natural History Museum, the Cincinnati Historical Society, and the Children's Museum. Cincinnati also has a wonderful Planetarium and Observatory that are open to the public.

Cincinnati is the birthplace of major league baseball and our Cincinnati Reds currently play in the Great American Ball Park. Football fans can enjoy watching the Cincinnati Bengals play at the Paul Brown Stadium. Boating, golfing, tennis, ice skating, hiking and camping are among the other activities enjoyed by Cincinnatians who utilize the Ohio River, local lakes and the outstanding state and county park systems.



Figure 3: Cincinnati Reds Baseball stadium downtown



Figure 2: Findlay Market

Findlay Market, Ohio's oldest continuously operated public market, is a gathering place for the most socially, economically, racially, and ethnically diverse crowds found anywhere in Cincinnati. The Market is located just blocks from downtown in Over-the-Rhine, a dense historic neighborhood rich in 19th century architecture. Findlay Market is home year-around to about two dozen indoor merchants selling meat, fish, poultry, produce, flowers, cheese, deli, and ethnic foods, and hosts numerous street performers and special events.

[\(http://www.findlaymarket.org/\)](http://www.findlaymarket.org/)

Cincinnati also has a wonderful public parks system. In 2018 the Trust for Public Land's ParkScore index rated Cincinnati as 7th in the nation right behind San Francisco and Portland.

Cincinnati VA Medical Center

The Cincinnati VA Medical Center is a general medical and surgical hospital with all the services found in a large urban hospital. The Mental Health Care Line within the Medical Center is composed of seven divisions including: Outpatient Mental Health; Trauma Recovery Center; Assessment and Intensive Treatment; Substance Use Disorders;

Domiciliary Care for Homeless Veterans; Special Mental Health Services; and Community Outreach. The various mental health services available to Veterans are distributed between the main campus located two miles north of downtown Cincinnati, the Ft. Thomas Division located five miles southeast of downtown in Ft. Thomas, KY, the VA Behavioral Health and Wellness center in Norwood, OH, and a system of six community-based outpatient clinics (CBOCs) located in Clermont County, OH, Georgetown, OH, Butler County, OH, Bellevue, KY, Florence, KY, and Dearborn County, IN. As a VA hospital, the Cincinnati VAMC is dedicated to the care of Veterans whose injuries or medical conditions were obtained while in the United States military service. Whereas we serve a predominantly Caucasian and African-American male population, a growing percentage of Veterans served at the Cincinnati VAMC are women.

In addition to emphasizing high quality clinical treatment, the Cincinnati VAMC has a strong commitment to training. As a Dean's Committee Hospital, we maintain close teaching ties with the University of Cincinnati College of Medicine. Staff members of most of the clinical services at the VA Medical Center, including many psychologists, have teaching appointments in the College of Medicine. In reciprocal fashion, many of the Medical College faculty serve as consultants to our Medical Center. Some of the VA psychology staff also have adjunct appointments to the University of Cincinnati Department of Psychology as well as to the Xavier University Department of Psychology.



Figure 4: Cincinnati VA Medical Center



Figure 5: Atrium at the University of Cincinnati Crawley Building

Our Medical Center has fully accredited training programs in most of the major health specialties, including psychiatry, nursing, pharmacy, social work, rehabilitation therapy and medical technology.

The VA Medical Center is located within a large complex of facilities which includes the University of Cincinnati, the University of Cincinnati College of Medicine, the University Hospital, Cincinnati Children’s Hospital, Shriners Hospitals for Children, and several other psychiatric and medical facilities. Regularly scheduled programs such as grand rounds, seminars, case conferences and presentations by invited distinguished lecturers are open to Fellows. Library facilities are available at the VA Medical Center, the Medical School, and the nearby University of Cincinnati.

Video and audio recording of training activities are widely available to Fellows in the Psychology Training Program, and review of these recordings with supervisors is part of all clinical rotations.



Figure 6: Entrance to the Fort Thomas Domiciliary

Postdoctoral Fellowship

Background

To address both the complexity of American health care needs and the increasing diversity among our population, the Institute of Medicine Committee on Quality of Health Care in America recommended in 2001 the use of interprofessional health care teams. It was their position that the structure of these integrated care teams could promote superior communication and patient care compared with past health care practices.

Similarly, the Veterans Health Administration (VHA) has committed to train and retain highly qualified healthcare providers in behavioral and mental health disciplines, and to promote the utilization of interprofessional team-based care. With directives such as the BHIP initiative submitted to the Senate Veteran's Affairs Committee in 2011 as part of the Mental Health Action plan, the PACT model of Integrated Care, as well as the VHA strategic plan for 2013-2018, VHA has positioned our healthcare system at the forefront of team-based Medical and Mental Health Care innovation. VHA's commitment represents a broad movement away from "silo" clinics or isolated episodes of care towards healthcare for our Veterans that is accessible, coordinated, comprehensive, and patient-centered.

Postdoctoral Fellowship

The Psychology Training Program at the Cincinnati VA Medical Center offers Postdoctoral a Fellowship training program in Health Service Psychology. The two main focus areas within the Fellowship are:

- Interprofessional Team-based Care
- Trauma Treatment and the Mental Health Care of Homeless Veterans

Mission

The overarching mission of the psychology training program is the development of psychologists who have the knowledge, skills, and self-awareness necessary to deliver psychological services to diverse populations in a variety of settings, and who practice competently and independently in a professional, empathic, and responsible manner. This postdoctoral Fellowship was established to train future leaders in integrated care within the VA who are able to lead interdisciplinary care teams, collaborate effectively with a wide range of health care professionals, and to deliver care to our Veterans with evidence-based and Veteran-centered clinical practices.

All activities during the training year are coordinated and supervised by the doctoral staff of the Cincinnati VA Psychology Program. Our staff views the Fellowship as a year of intensive specialized clinical experience that bridges internship with independent professional practice.

Training Aim and Core Competencies

To fulfill our training mission, the primary aim of the postdoctoral Fellowship is the development of advanced skills in the core competencies of health service psychology within an integrated care environment for both independent practice and in preparation for careers as psychologists within the Veterans Health Administration.

The following are the four objectives of this Fellowship program:

- Training in core competencies consistent with the American Psychological Association's core competencies of professional psychology (revised 2011). These include: Ethics and Diversity; Integration of Science and Practice; Professionalism; Integrated Care and Interprofessional Team Functioning; Intervention; Assessment; Consultation; Education; Research; and Program Development.
- Skill development in the delivery of empirically-supported mental health and behavioral care in outpatient team-based settings through multiple clinical rotations.
- Training in the adaptation of interprofessional behavioral and mental health care for the VA patient population.
- A Fellowship project conducted by the postdoctoral Fellows related to interprofessional care and system redesign. This may involve projects such as Smart Design system change training, facilitating the adoption of team-based care within our Mental Health Care Line, developing new mental health initiatives, or assisting existing team-based care teams to measure and evaluate their effectiveness.

The Fellowship core competencies are discussed with Fellows during orientation week and the performance objectives are formally captured in the Fellowship evaluation form. This form provides behaviorally-anchored descriptions to illustrate the expected developmental progression of skill and conduct for Fellows from the start to the completion of the Fellowship. Fellows are also expected to generate personal competency goals in collaboration with Fellowship staff, and these are reflected in both the Evaluation Form and the Learning Plan.

Postdoctoral Fellows are evaluated and given feedback throughout the year by their individual supervisors in both formal and informal settings. Formal evaluations are completed quarterly

by supervisors using the Fellowship Evaluation Form. At the end of each quarter each Fellow's supervisors meet together with the Director of Training and the Associate Director of Training to review the Fellow's progress and make recommendations. Following these meetings the Director of Training meets individually with each Fellow to integrate and review all Fellowship evaluation information.

The location of these Fellowship training experiences are within the Mental Health Care Line of the Cincinnati VAMC, and involve direct collaboration with professionals from various disciplines including psychiatry, social work, nursing, chaplain service, pharmacy, and our medical center physicians. Postdoctoral Fellows work within these care teams and also serve as consultants and didactic resources to non-psychology professional groups during the training year.

Training Model

Our training program subscribes to a scientist-practitioner model of education and training for the practice of health service psychology. More than rote memorization of specific research findings, we actively encourage Fellows to adopt a rational-empirical process to understand and evaluate their clinical activities, to critically evaluate, integrate, and apply the current scientific literature to their various professional activities in accurate and culturally sensitive ways, and to actively provide, seek, and use feedback to assist with their mastery of the program's core training competencies. In sum, our program upholds the view that good clinical practice is based on critical thinking and the applied science of psychology delivered within an interpersonal context of care and compassion. Further, we also recognize and value the need to skillfully consider broad empirical data within the context of individual, group, and cultural differences.

Postdoctoral level training grounded in our core competencies thus provides a comprehensive view of psychological practice intended to encourage creative problem solving through the use of empirically supported psychological principles and sound judgment across clinical, ethical, and professional domains. Fellows get experience thinking and practicing as psychologists to prepare them for careers in a variety of VA integrated care settings. The acquisition of specific skills, techniques, and conceptual models are considered as means to this goal, rather than as ends in themselves.

We recognize that a professional psychologist must be capable of thoughtfully applying psychological principles to the solution of complex individual and social problems rather than habitually applying prescribed solutions to narrowly defined complaints. In this regard, our aim is to provide training that not only prepares Fellows for the problems of today, but also assists them to develop the personal and professional skills needed to successfully manage the challenges that will arise over the duration of a long professional career.

Philosophy of Supervision

Our philosophy of supervision at the Cincinnati VAMC adheres to a competency-based approach which identifies explicit and measurable standards of performance and tailors training to the developmental needs and skills of our Fellows. Over the course of the training year, Fellows are expected to function increasingly independently as they mature in clinical and professional development. Accordingly, while Fellows always function under direct supervision, their clinical experiences increase in complexity and autonomy over the course of the training year.

Diversity

As a Training program within the Veterans Health Administration, we support the Department of Veterans Affairs Diversity and Inclusion Strategic Plan.

Link: <http://www.va.gov/ORMDI/docs/StrategicPlan.pdf> From that document:

Over two decades ago, VA initiated a new conversation about diversity and inclusion in the public sector. Informed by a growing body of research, VA proffered a transformative paradigm that linked diversity and inclusion to organizational performance. This new paradigm was based on the proposition that equal employment opportunity (EEO) was more than a legal mandate; it was a business imperative. It emphasized two cardinal precepts: 1) EEO is foundational to achieving workforce diversity; and 2) inclusion is the key to achieving high organizational performance. While we remained unequivocally committed to equal opportunity in the workplace, we also understood that EEO was necessary, but it is just one step towards creating a high performing organization in the 21st century. (p.2)

The millennium ushered in yet a new focus to the emerging concept of organizational inclusion. The Center for Creative Leadership found that diverse teams are more creative, perform better in problem-solving, and result in better decision-making than homogeneous teams. Similarly, the Diversity Research Network found that gender diversity results in more effective group processes in people-oriented performance environments (2002). The caveat to this research was that diversity alone was not sufficient to achieve the performance advantages. Absent the facilitating conditions that integrate diverse perspectives and empower the corresponding diversity of thought into the organization, the aforementioned outcomes were reversed. This is the inclusion imperative. Simply put, diversity without inclusion will not work. (p.3)

Within the Department of Psychology, our goal is to extend this commitment to include the creation of a community that recognizes and values the inherent worth and dignity of every person. We believe that diversity among departmental members strengthens our staff, stimulates creativity, promotes the exchange of ideas, and allows us to provide more sensitive and effective patient care. We welcome diversity in our Fellowship class, and we warmly encourage minorities and persons of diverse backgrounds of all types to apply to the Cincinnati VAMC Fellowship. Fellows are exposed to aspects of diversity unique to the Veterans' population during the Fellowship year through assessment, treatment,

consultation, and Fellowship-specific seminars. Our aim is to optimize the training experience through individual appreciation and clinical understanding of human diversity in all aspects of psychological practice.

Our program views central aspects of training, from assessment to intervention to issues of diversity, to be best addressed "in action" or "in context." Thus, our diversity training often focuses on aspects of diversity salient and present in our local military Veteran cultures and region. Postdoctoral Fellows are asked to apply their knowledge of psychological science, individual differences, and group/cultural diversity directly within their patient care settings.

Of note, the local LGBT Health Care Coordinator for our Mental Health Care line serves on both the Psychology Training Committee as well as the Psychology Diversity Committee. Postdoctoral Fellows are welcomed and encouraged to participate in our Psychology Diversity Committee and diversity training activities.

Active Learning

A final value of the training staff is the active involvement of Fellows with the content and structure of the Fellowship. Fellows are invited to participate in the Psychology Training Committee and the Psychology Diversity Committee, and feedback from our postdoctoral Fellows directs the content and timing of the Fellowship seminars. Fellows also have input into their Learning plans and training goals for the year. At the start of each training rotation, each Fellow develops a list of proficiencies that they intend to develop during the training year. Each of these items is operationalized with behavioral anchors that specify the initial level of competency and the expected level of competency at exit. These items are included in the Evaluation Form and used at each evaluation period to measure progress.

Program Structure

For every postdoctoral Fellow, the four fundamental experiences built into the Fellowship program are the **two Major Rotations, the Minor Rotation, the Fellowship Project, and the Training Conferences.**

2 Major Rotations - 6 months each, 24 hours per week, 2 hours of supervision each week.

1 Minor Rotation - 12 months long, 8 hours per week, 1 hour of supervision each week.

Fellowship Project - 12 months long, 5 hours per week, 1 hour of supervision each week.

Training Conferences - 12 months long, 2-3 hours per week.

Each Postdoctoral Fellow will complete 2 different Major Rotations, one Minor rotation, and a Fellowship project during the training year.

All Fellowship supervisors are licensed, privileged staff members of the Cincinnati VAMC who work directly in the programs in which the training rotations are embedded. Thus supervision is on-site and supervisors serve as teachers and role models for the postdoctoral Fellows. Please see Appendix A for a description of the post-doctoral training staff.

Rotation Assignment

The rotation assignments, schedule, and Learning Plan will be developed during the orientation week for the Fellowship with emphasis on specialization and training that leads to future VA employment. Rotations associated with the Fellowships in Interprofessional Team Based Care will generally take place at the main campus of our Medical Center in Cincinnati, OH. Rotations associated with the Fellowship in Trauma Treatment and Mental Health Care for Homeless Veterans will generally take place at the Fort Thomas, Kentucky Division of the Cincinnati VAMC. As available, Fellows will have the opportunity to supervise interns and practicum students, and all Fellows will be invited to attend the monthly training meeting for new supervisors.

Interprofessional Team Based Care

Background

The Veterans Health Administration's commitment to integrated care represents a broad movement away from "silo" clinics or isolated episodes of care, towards healthcare for our Veterans that is accessible, coordinated, comprehensive, and patient-centered. It is not enough for different care providers to be co-located. The care environment, provider working relationships, and provider competencies must all promote a common goal: Patients are in control of their health care, and the integrated care system is designed around the needs of the patient.

The Interprofessional Team Based Care focus area is designed to offer exposure to several different healthcare teams in the areas of Behavioral Health, Integrated Medical and Mental Health, and Substance Use Disorder treatment. The goal is to become fully integrated as a valued and contributing member of each team, and to serve as a resource and consultant on mental health treatment, health behavior change, motivation and treatment compliance, and team dynamics. Fellows will rotate through two Major rotations during the course of the year.

Major Rotation Opportunities

- **Behavioral Health/Oncology**
- **Cardiovascular Disease and Heart Rate Variability Biofeedback**
- **HIV and Substance Use Disorders**
- **National Center for Organizational Development**

Behavioral Health Rotation

Supervisor: Danny Hall, PhD, Health Behavior Coordinator

Rotation Training Goal

To become fully integrated as a valued and contributing member of a medically focused interdisciplinary treatment team. To serve as the team expert and consultant on mental health, whole health, shared decision-making, and high functioning integrated teams.

Background

Within the VA and across the country, chronic health conditions like diabetes, heart disease, COPD, and cancer are prevalent and constitute the leading causes of death and disability. According to the World Health Organization, 50% of global mortality is linked to these 4 chronic conditions. Tobacco use, unhealthy food choices and poor physical activity are contributing factors that can be modified or prevented.

The role of health psychologists is to support and empower patients to approach health behavior change and stay engaged to incorporate effective disease management into their lifestyle. An integrated team-based approach to care is recognized as an important element in the management of chronic disease. It offers whole person care that is broader than the traditional disease-focused model and incorporates evidence-based complementary and integrative health approaches. To treat the whole person, all aspects of health and wellness are considered including physical, psychological, and psychosocial. Each patient's unique background, preferences and values are sought to frame the team's approach to care.

The Behavioral Health Rotation supports the care of Veterans seen in the Hematology/Oncology clinic. The clinic is diverse in team members and the Veterans they serve. Fellows learn about integrative models of care and strategies to build integration. Integrative practice is developing and fluctuates across time based on resources, staff changes, and clinic structure. Opportunities to implement small collaborations to shift toward more integration are a part of the training experience. Interdisciplinary consultations are encouraged as well as co-managed care.

Hematology/Oncology Clinic

The Hematology/Oncology clinic is a large, busy clinic with four to five attending physicians, 11 fellows, 4 infusion room nurses, a dietitian, pharmacist, social worker, and 2 RN Nurse Navigator. The psychology fellow is a well-integrated member of this team, working closely with each of these providers to address the psychosocial needs of Hematology/Oncology patients. The clinical approach in Hematology/Oncology tends to focus on addressing acute distress with new diagnoses, changes in prognosis, and addressing psychosocial needs across the continuum of care. A whole health approach also involves inviting Veterans to consider complimentary and integrative approaches to augment care and ease suffering. Psychosocial distress among cancer patients is common and often goes unrecognized and untreated without the integration of behavioral health. Patient needs are identified through use of a distress screening, warm handoffs from Hematology/Oncology team members, and collaboration with infusion room nurses. Clinical interventions range from crisis intervention, adjustment to illness, coping with side effects side effects or augmenting the impact of treatment (e.g., guided imagery specific to cancer care), existential issues, exploring meaning and purpose in Veteran's lives, unresolved relationship stress, previous or concurrent mental health and substance use that impact cancer care, end-of-life concerns and planning and whole person care. Brief assessments are important and tend to include cognitive screeners, symptoms checklists, and suicide risk assessment. Interventions may include family or offered to family alone with the Veteran's permission. Veterans can be seen for initial diagnoses as well as follow-up care. Flexibility is key in this clinic, as mental health treatment may take place while the Veteran is receiving their infusion, before/after their visit with their medical provider, or as needed after treatment. Treatment support focuses on supporting transitions of care, communicating effectively across team members, patient, and family, and offering hope and dignity. Care may be offered in-person, via VA Video Connect (virtual) or phone.

Lead Collaborators: Dr. McCullough, Dr. Cheng

Clinic Times: Tuesday, Wednesday, Thursday 8 am – 2 pm

Hematology/Oncology Fellow Didactics the Postdoctoral Fellow may join:

Clinical Care Conference Thursdays 7:00 – 8:00 am

Cancer Care Committee Quarterly Thursday 7:30 – 8:30 am

ROTATION COMPETENCIES:

1. Increased knowledge and understanding of specific medical conditions related to identified areas of interdisciplinary care (Cancer).
2. Development of clinical skill with regard to being a member of an interdisciplinary team and building team cohesiveness.
3. Increased proficiency in identifying and addressing psychosocial issues specific to a geriatric population that may complicate successful management of a chronic health condition.
4. Explore and evaluate literature relevant to the psychosocial treatment of chronic health problems and health behavior change.

5. Improved skill and ability in effectively using motivational interviewing to engage Veterans in their care.
6. Recognizing and incorporating Whole health and prevention approaches to care.

Cardiovascular Disease

Supervisor: Nancy Nagel, PsyD, ABPP, Clinical Health Psychologist

Background

Cardiovascular disease (CVD) is a general term that encompasses hypertension (HTN), stroke, heart failure (HF) and coronary heart disease (CHD). According to the American Heart Association the prevalence of CVD in adults is 49% (AHA Council on Epidemiology and Prevention Statistics Committee and Stroke Statistics Subcommittee, 2021). Secondary prevention through cardiac rehabilitation (CR) is standard care for patients with diagnosed CAD. The goals of CR include symptom reduction, optimization of functional status, increase in QOL, and decreased health care costs. The typical components of most CR programs include physical exercise, nutrition, smoking cessation, and the importance of medication adherence. Because of the considerable epidemiological evidence linking psychological stress to mortality and acute cardiac events, (NIH, accessed 6/29/22), more programs are also incorporating some form of stress management training (SMT) into the curriculum (Dimsdale, 2008). A meta-analysis of mental health treatment in CR indicated that mental health treatment including CBT, SMT, and medications decreased depressive symptoms and CHD events (Rutledge et al., 2013).

Cardiology

At the Cincinnati Veterans Affairs Medical Center (CVAMC), the CR program is comprised of cardiologists, physical therapists, a nutritionist, a registered nurse, and a physical therapy student. The range of ages served in the CR program is 30-91 with patients being 98% male.

The General Cardiology Clinic is a busy medical-surgical specialty clinic serving as the general umbrella over subspecialty areas such as electrophysiology, advanced heart failure, post-acute care (MI) and interventional cardiology. Over 20 cardiology fellows see patients in this clinic under the supervision of several attending physicians.

The post-doctoral health psychology fellow applies targeted psychological interventions in support of the general program objectives: 1) maximize functional capacity; 2) reduce cardiac risk factors; 3) increase independence with self-management of cardiac disease. Methods of service delivery include group psychoeducation, individual psychotherapy and heart rate variability biofeedback.

Lead Collaborators: Dr. Florence Rothenberg, Dr. Hanan Kerr

Clinic Times: TBD

Supervisor: Nancy Nagel, Psy.D., ABPP, Clinical Health Psychologist

HRV Biofeedback

HRV Biofeedback uses technology and operant conditioning to aid individuals in self-directed coping, autonomic balance, and decreased heart and respiratory rates. It involves feeding back heart rate data during slow breathing with the goal that breathing and heart rhythms become synchronized and create a healthier emotional state.

The postdoctoral fellow will complete training in biofeedback for Stress, Anxiety, and Emotional Management in order to provide direct HRV Biofeedback services to Veterans. Fellows will see individual patients for HRV Biofeedback in the Primary Care Mental Health Integration clinic as an adjunctive clinical intervention. HRV Biofeedback sessions include education regarding the mind/body connection and utility of HRV training to improve autonomic balance, teaching HRV Biofeedback skills, and instructing the Veteran on how to utilize the skills and technology at home. Fellows will also consult with clinical staff as needed and conduct brief psychological assessments including mood and stress symptoms to monitor Veteran's progress. An ideal referral would be a Veteran who has difficulties decreasing sympathetic activation, with the goal of the improving physiological signals of autonomic balance and emotional regulation.

Rotation Competencies

1. Increased knowledge and understanding of specific medical conditions related to identified areas of interdisciplinary treatment of CVD and rehabilitation.
2. Development of clinical skill in providing consultative services to specialty care.
3. Increased proficiency in identifying and addressing psychosocial issues specific to both newly diagnosed and chronic CVD.
4. Explore and evaluate literature relevant to the psychosocial treatment of CVD.
5. Become proficient in the theory and application of heart rate variability biofeedback.

HIV and Substance Use Disorders

Supervisor: Zane Faulkner, PsyD; Staff Psychologist

Rotation Training Goal

Fellows will develop an understanding of the relationship between substance use, psychiatric disorders, and complex medical conditions. In addition, Fellows will gain skills with empirically-based mental health assessments and treatments that are integral to the holistic care of veterans with HIV.

Background

The Veterans Health Administration is the largest single provider of HIV care in the United States. Veterans with this medical condition often have mental health and substance use treatment needs. Addressing the significant psychiatric needs of these patient populations promotes health, wellness, and successful treatment and disease management. This rotation provides the opportunity to receive quality training in order to effectively treat these complex patient populations.

This Fellowship rotation is focused on the effective, independent, and ethical mental health treatment of individuals with co-existing SUDs and HIV. Our purpose is to train psychologists who are able to accurately diagnose patient problems; implement evidence-based treatments; consume with sophistication the clinical research literature and translate new findings into clinical practice. Fellows receive specialty training in HIV, as well as dedicated training in SUDs assessment and treatment while working on integrated care teams to assess and address the mental health needs of patients living with HIV. We expect training experiences will foster a deep understanding of the interrelationships between substance use, psychiatric disorders, and complex medical conditions. In addition, Fellows will gain increased recognition and appreciation of how treatment of mental disorders can improve the overall care of veterans with HIV.

Based on a scientist-practitioner model in which clinical work and research complement each other, the program trains Fellows in advanced clinical skills and provides them exposure to clinical/ programmatic research. We actively encourage Fellows to adopt a rational-empirical process to understand and evaluate their clinical activities, to critically evaluate, integrate, and apply the current scientific literature to their various professional activities in accurate and culturally sensitive ways, and to actively provide, seek, and use feedback to assist with their mastery of the program's core training competencies. Training for this rotation takes place within the Substance Dependence (SUDEP) Program and Infectious Diseases Clinic.

The SUDEP Treatment Program provides mental health services that have been shown to be effective in assisting Veterans to build and maintain recovery from addictive disorders. Over 65 groups a month are offered as part of the outpatient addiction treatment program. Fellowship training experiences include assessment of addiction and co-occurring mental illness disorders, as well as providing individual and group addiction treatment. As there is considerable prevalence of substance use disorders within the HIV patient population, the Fellow will be part of the OP SUDEP treatment team. The Fellow will typically provide individual or group therapy for veterans. Treatment can include increasing medication adherence, and also addressing any other comorbid psychiatric concerns. The Fellow will serve as a consultative liaison between the Infectious Diseases Clinic and the SUDEP program.

The Infectious Diseases program includes general infectious diseases consultative services for inpatients at the Cincinnati VAMC and outpatient consultative services both locally and for Central and South Eastern regions of the VHA's VISN 10. By way of a Patient Aligned Care Team (PACT Model), the Section provides comprehensive specialty and primary care for approximately 200 HIV infected Veteran patients from this medical center and Central and South Eastern VISN 10. This PACT also manages the care of HIV/HCV co-infected Veterans. The team has a robust anal carcinoma prevention program that includes screening, diagnosis and long term management. Fellows will have the opportunity to provide assessment, intervention, and consultative services to veterans under the care of the PACT team.

Rotation Specific Didactics

Motivational Interviewing and Motivation Enhancement Therapy. Fellows will have the opportunity to attend a two day workshop on Motivational Interviewing and Motivation Enhancement Therapy provided by Jonathan Steinberg, PhD, and Shari Frensemeier, PhD. Upon completion of this training, Fellows are invited to attend a weekly MI consultation group and to practice MI skills and receive coded feedback about their use and mastery of the MI/ MET skills. Both Dr. Steinberg and Dr. Frensemeier are members of the Motivational Interviewing Network of Trainers (MINT). The Liver Disease/HIV Fellow will be part of the nationwide network of Fellows participating in this specialized training, and will attend weekly didactic webinars on topics relevant to HIV, Liver Disease and integrated mental health care for the entire training year. The Fellow also attends monthly conference calls with the national program coordinator and other Fellows to discuss training progress and clinical topics, as well as to develop cross-site collaboration. The Liver/HIV Fellow also has access to the HIV/HCV program's SharePoint site which provides the opportunity to share resources with Fellows at other VAs nationwide. Finally, the Fellow has the option to attend other national calls related to HIV and Liver Disease management that include both medical and mental health providers.

HIV/HCV share point: <https://dvagov.sharepoint.com/sites/VACOMentalHealth/HIV-HCV/default.aspx>

Sample of topics from the HIV/HCV Seminar Series:

- Mary Jane Burton, MD, Clinical Aspects of Viral Hepatitis, Clinical Aspects of Hepatitis C & B
- Victor Jones, PhD, Strengthening Cultural Competence: Providing Effective Care for African-American Patients
- Vernee Anthony, PhD, Dr. Mary J. Burton & Dr. Andrew Voluse, Collaborative Care Model-coordination of Infectious Diseases and a Residential Substance Tx Program
- Octaviana Hemmy Asamsama, PsyD, Dr PH, Mental Health and Substance Use Assessment, Monitoring and Treatment in Pts. with HIV
- Dr. Westyn Branch-Elliman, Harm Reduction: From Evidence to Implementation
- Maggie C. Sampe, Ph.D., Sex Work and Substance Use
- Elizabeth Armstrong, Opioid Use/Harm Reduction in the context of HCV/HIV
- Anna Nobe, Advanced Liver Disease and HCC
- Jamie Morano, MD, PrEP and HIV
- Victor Jones, PhD, Loneliness and Mental Health
- William Hua, PhD, Integrated HIV and HCV Care
- Dr. Pierre Ndje and Erica Trimble, NP, Integrated Mental Health from the Perspective of Allied Providers
- Moiria Dux, PhD, Cognitive Impairment in HIV/HCV-clinical considerations
- Dr. Leah Squires, IPV & HIV
- Dr. Steven Batki, Addiction Pharmacotherapy for Alcohol Use and Abuse in HIV and HCV
- Michael Kauth, PhD, Providing Care to Transgender Veterans: Managing HIV, HCV, and Other Related Concerns
- Kaela Joseph, PhD, Mental Health Outcomes in Gay-Identified Men
- Dr. Abby C Dowdy, Compassion Fatigue
- Julie Womack, Women, Aging, and HIV
- Michael L. Drexler, Ph.D., CPRP Death & Dying

Rotation Competencies

1. Increased proficiency in the diagnosis of Substance Use Disorder and co-morbid mental health conditions, as well as knowledge about HIV.
2. Increased proficiency in the use of empirically supported treatments for SUD including ACT, Motivational Interviewing and Motivation Enhancement techniques.
3. Proficiency in the use of the clinical research literature related to SUD and HIV to inform assessment and treatment.
4. Effective participation in integrated care teams including collaboration with health care professionals from other disciplines

5. Increased proficiency in research methods and/or program evaluation methods relevant to the treatment of SUD and HIV.

National Center for Organizational Development

Supervisor: Dr. Katie Smidt

Background and Rotation Training Goal

The The National Center for Organization Development (NCOD) is focused on building Effective Cultures, Effective Leaders, and Effective Teams across the Veterans Administration (VA). To achieve this, NCOD offers targeted products and services to meet the needs of VA across the country. This unique rotation offers learning and hands-on experience in organizational development (OD) theory, practice, and application. The fellowship core competencies are reflected in the NCOD rotation, but the focus moves away from delivery of individual mental health services and toward interventions designed to improve larger systems. At NCOD, postdoctoral Fellows will have the opportunity to learn the foundations of: Organizational Assessment, Organizational Development, Organizational Culture Change, Team Building, Change Management, Leadership Assessment, Leadership Development, and Organizational Consulting.

The postdoctoral fellow will work closely with team members on NCOD's Organizational Health Team, an interdisciplinary team comprised of psychologists, program analysts, and quality management support staff. Various consultation experiences are offered including the provision of leadership coaching, presentation delivery to leadership teams on topics such as employee burnout, servant leadership, and managing virtual employees, and facilitation of sessions and community of practice calls to leaders and frontline employees. The postdoctoral fellow will become skilled in offering All Employee Survey (AES) data reviews to midlevel managers and executive leadership teams across VA as part of AES data debriefs. They will also be able to offer interventions to effectively increase teams' engagement including organizational data utilization. The fellow will work closely with NCOD National Managers and Project Leads across various projects focused on promoting employee engagement and organizational health, such as the National VA Voices Program, Organizational Health Campaign, and Voice of the Customer. With the support of project leads and/or supervisors, the postdoctoral fellow is encouraged to develop their own interventions aimed at maximizing leadership development and employee engagement.

Rotation Competencies :

1. Explore and evaluate literature relevant to organizational development and consulting, including leadership coaching and assessment, change management, and team building.
2. Proficiency in delivering leadership coaching to leaders across VA.
3. Improved skillset and ability to design interventions aimed at increasing employee engagement and/or leadership development.
4. Proficiency in delivering AES data briefings to midlevel managers and executive leadership teams across VA.
5. Increased proficiency in creating and delivering presentations to leaders and teams across VA.
6. Proficiency in designing and delivering consultation and interventions aimed at maximizing leadership development and employee engagement.

Interprofessional Team Based Care: Minor Rotation Opportunities

Fellows will also choose from several elective minor rotations. This portion of the training year will be structured as 2 minor rotations of 6 months each or one minor for 12 months. Minor rotations are 8 hours per week. These rotations include

- Heart Rate Variability Biofeedback
- Hospice and Palliative care
- Motivational Interviewing/Motivational Enhancement Therapy
- Research and Evaluation
- Whole Health Coaching and Program Development

Heart Rate Variability (HRV) Biofeedback

HRV biofeedback uses technology and operant conditioning to aid individuals in self-directed coping, autonomic balance, and decreased heart and respiratory rates. It involves feeding back heart rate data during slow breathing with the goal that breathing and heart rhythms become synchronized and create a healthier emotional state.

The postdoctoral fellow will complete training in biofeedback for Stress, Anxiety, and Emotional Management in order to provide direct HRV Biofeedback services to Veterans. Fellows will see individual patients for HRV Biofeedback in the Primary Care Mental Health Integration clinic as an adjunctive clinical intervention. HRV Biofeedback sessions include education regarding the mind/body connection and utility of HRV training to improve autonomic balance, teaching HRV Biofeedback skills, and instructing the Veteran on how to utilize the skills and technology at home. Fellows will also consult with clinical staff as needed and conduct brief psychological assessments including mood and stress symptoms to monitor Veteran's progress. An ideal referral would be a Veteran who has difficulties decreasing sympathetic activation, with the goal of the improving physiological signals of autonomic balance and emotional regulation.

Supervisor: Nancy Nagel, PsyD, Staff Psychologist, Primary Care Mental Health Integration

Hospice and Palliative Care

In 2009, the VHA rolled out the Comprehensive End of Life Care Initiative which led to the “We Honor Veterans Campaign.” This program expanded hospice and palliative care (HPC) to medical centers and their training programs. Palliative Care is a broad concept of care that focuses on providing relief from the symptoms and stress of a life-limiting illness or injury, with the goal of improving quality of life for both patients and their families. Hospice services fall under the umbrella of palliative care. Hospice focuses on caring, not curing; for individuals receiving hospice care, the decision has been made to forgo aggressive therapies in favor of support and comfort during the end-of-life period.

The Community Living Center (CLC) is located on the main campus, adjacent to the VAMC. It houses a 32-bed long-term care unit, a 20-bed short-term rehabilitation unit, and a 5-bed inpatient hospice unit. The HPC psychologist provides direct patient services to veterans admitted to the small hospice unit and to a lesser extent medical inpatients receiving palliative care. The primary role of the HPC psychologist is consultative in nature. Hospice patients are cared for by a large interdisciplinary team including mental health, medicine, nursing, pharmacy, dietary, chaplaincy, occupational and physical therapy as well as social work.

The postdoctoral fellow will function as an integral member of this interdisciplinary team. In addition to providing direct services to Veterans and their family members and caregivers during the end-of-life period, Fellows will attend weekly multidisciplinary team meetings and consult with clinical staff, conduct psychological assessments including screening of cognition, mood, and behavior symptoms, and develop appropriate plans of mental health care.

Supervisor: Nancy Nagel, Psy.D; Staff Psychologist, Primary Care Mental Health Integration/ Hospice & Palliative Care

Motivational Interviewing/Motivational Enhancement Therapy

This minor rotation provides opportunities for Fellows to develop Motivational Interviewing expertise. Essential skills are taught through multiple modalities – workshop, readings and behavioral practice. Fellows observe and then conduct Motivational Interviewing with patients in varied settings. Initially, Fellows work with a team that cares for veterans receiving inpatient detoxification from alcohol. They record Motivational Interviewing sessions which are then coded using the Motivational Interviewing Treatment Integrity scale (MITI 4.2). Once full proficiency is achieved, Fellows have opportunities to extend their skills to work in primary care or other medical settings and to participate in training other staff.

Supervisors: Drs. Frensemeier and Steinberg

Research and Evaluation

Fellows have the opportunity to participate in research/program development & evaluation projects relevant to SUD treatment and medical care in the HIV, Liver, or Infection Disease treatment programs. Fellows work closely with their supervisors to develop ideas for projects that are feasible to complete within the training year. This may include contributing to a manuscript, conducting a small independent research study, or development of a new clinical initiative and evaluation of its impact. Fellows have access to relevant clinical and research software, such as CPRS/Vista, SPSS, SAS, Excel, and will be expected to present their findings to psychology staff, and/or staff members of the HCV or Liver clinics, at the completion of their Fellowship.

Supervisor: Chelsea Sleep, PhD; Staff Psychologist in the SUDEP program

Whole Health Coaching and Program Development/Evaluation

The VA's mission is to "honor America's Veterans by providing exceptional health care that improves their health and well-being." This is operationalized in VA's Strategic Plan is to provide "personalized, proactive, patient-driven care that empowers, equips, and encourages Veterans to take charge of their health and well-being and to adopt healthy living practices that deter or defer preventable health conditions." This means a shift from episodic disease-based care to a continuous lifelong investment to stay healthy and prevent illness. It includes the use of complimentary and integrative approaches like tai chi, yoga, meditation, acupuncture, and chiropractic care. It brings meaning to care, ensuring that Veterans and care teams know what matters to the veteran that supports their reason to improve health and stay healthy.

Psychology fellows can be a part of this transformation, supporting Veterans who participate in Cincinnati's well-being program through whole health coaching. Veterans attend an initial group engagement session to complete a personalized health plan and learn about VA, community, and online programs to support their efforts. Fellows learn and use the whole health model to formulate the deeper meaning and purpose that supports Veterans effort to persist with health improvement efforts. Formulating and prioritizing individual health goals in a whole person framework offers an elegant shift from the traditional mental health assessment that seeks primarily to diagnose. Motivational interviewing is the main clinical skill used in coaching sessions, although the clinician may also engage in other cognitive and behavioral approaches to address diagnostic concerns in a brief therapy format. Acceptance and commitment therapy may also be applicable when Veterans struggle to formulate purpose and meaning. Fellows may use in-person, virtual, and phone modalities. Group and individual treatment approaches are possible. Behavioral support for the MOVE! Weight Management Program would be an option. Psychology fellows directly coach Veterans with more complex clinical presentations and could support whole health coaches to build and maintain skill in motivational interviewing. There will be an opportunity to track impact through program evaluation. If program development and evaluation is a strong interest, that alone could serve as the focus of the minor rotation. With a wide variety of options, the minor rotation tends to be a personalized formulation of a few of these available opportunities.

Supervisor: Shari Frensemeier, Ph.D. Whole Health Program Manager

Trauma Treatment and the Mental Health Care of Homeless Veterans

Background

Posttraumatic stress disorder (PTSD) and homelessness are two of the most prominent issues confronting Veterans. According to recent statistics, approximately 17-25% of Veterans are likely to meet diagnostic criteria for PTSD. Further, 1 out of every 10 homeless individuals is a Veteran and there are currently 49,933 homeless Veterans in America. The homeless Veteran population suffers from significant rates of post-deployment stress-related symptoms, PTSD, and substance use disorders. This focus area is specifically designed to provide training in evidence-based approaches to address these problems, and to provide future leaders in VA Mental Health with the skills that they will need to function effectively in VA integrated care environments. Fellows will have the opportunity to learn best practices in evidence-based treatment in both residential and outpatient treatment settings. Fellows will also have the option of becoming involved in cutting edge research focused upon improving clinical care within this population of Veterans.

The Trauma Recovery Center (TRC) and Domiciliary programs provide evidence-based treatment for Veterans with posttraumatic stress disorder (PTSD) and homelessness (or who are at high risk for homelessness). Both programs offer residential treatment located at the Fort Thomas, Kentucky VA facility and serve Veterans with a variety of co-occurring mental health disorders, including substance use disorders, mood disorders, and severe mental illness. In addition to the PTSD residential programs (men's program, women's program, traumatic brain injury – PTSD program), the TRC offers outpatient services to treat Veterans with PTSD. A shared goal of these programs is to support Veterans' recovery and to improve Veterans' functioning. Both programs ascribe to a recovery-oriented model in addressing mental health issues that incorporates Veteran preferences in health interventions, promotes Veteran health behaviors and self-management skills, and emphasizes collaborative treatment goal selection.

Fellows will therefore have the opportunity to train in 2 of the 3 major rotations options: Trauma Recovery Center Outpatient and Residential Treatment, Trauma Recovery Center Research and Practice Rotation, or in the Domiciliary program. Fellows in these major rotations will be integrated into the large interdisciplinary teams that service these programs. Fellows will receive didactic and experiential training in evidence-based assessment, evidence-based individual, couple, and group psychotherapy, and program evaluation. Both programs primarily follow cognitive-behavioral models in guiding these assessments and interventions.

Fellows will also have the opportunity to participate in a research minor rotation (8 hours per week). This research minor rotation will focus on building and advancing skills in program evaluation and treatment effectiveness research for Veterans with PTSD and homelessness issues. Fellows will receive didactic and experiential training in these areas of research and will be mentored by a group of VA clinician-researchers who maintain active programs of research to inform clinical care to these populations (Dr. Kathleen Chard, Dr. Colleen Martin, and Dr. Laura Stayton Coe).

GOAL: To become fully integrated as an interdisciplinary team member in the treatment of Veterans with PTSD, substance use disorders, comorbid mental health conditions, and homelessness issues. To develop skills to serve as a team leader in developing, implementing, and evaluating programs serving these populations.

COMPETENCIES:

1. Increased proficiency in empirically-based assessment and treatment for PTSD including first-line recommended treatments for PTSD (i.e., cognitive processing therapy and prolonged exposure therapy)
2. Increased proficiency in evidence-based assessment and interventions for addressing mental health issues that co-occur with Veterans' homelessness/risk for homelessness including treatments for substance use disorders, mood disorders, and serious mental illness.
3. Increased proficiency in distinguishing between appropriate levels of care for homeless Veterans with mental health issues
4. Explore and evaluate literature relevant to the psychosocial treatment of homeless Veterans with mental health issues
5. Improved skill and ability in conducting program evaluation and empirically-driven case assessment for homeless Veterans with mental health issues

Fellows will receive didactic and experiential training in multiple evidence-based treatments including: cognitive processing therapy, prolonged exposure therapy, cognitive-behavioral conjoint therapy for PTSD, behavioral activation, and present-centered therapy. Fellows will attend a regional VA training for cognitive processing therapy and will be provided the opportunity to achieve VA provider status in this treatment.

Major Rotation Opportunities

- Trauma Recovery Center Outpatient and Residential Treatment
- Trauma Recovery Center Research and Practice Rotation
- Domiciliary Program

Trauma Recovery Center

The Trauma Recovery Center (TRC) provides comprehensive, evidence-based assessment and treatment for Veterans with PTSD. The TRC treatment team consists of psychologists, social workers, psychiatrists, advanced nurse practitioners, registered nurses, peer support, speech pathologist, recreational therapist, chaplain services, and a vocational rehabilitation specialist.

The TRC serves Veterans from all service eras and with all types of traumas, including combat trauma and military sexual trauma. All Veterans in the TRC receive structured clinical assessment at pre- and post-treatment. All assessments include the Clinician Administered PTSD Scale for the DSM-5 (CAPS-5), which is considered the gold standard in the assessment and diagnosis of PTSD. All assessments also include the Structured Clinical Interview for the DSM-5 (SCID-5) to diagnose mental health disorders that are co-occurring with PTSD. Assessments also include a range of empirically-validated veteran-reported measures, such as the PTSD Checklist for the DSM-5 (PCL-5) along with measures of depression and functional impairment. Postdoctoral Fellows will have the opportunity to gain mastery in the administration, scoring, and interpretation of these assessment measures and in the utilization of these results to informing individualized treatment for Veterans with PTSD.

Trauma Recovery Center Outpatient and Residential Treatment

The TRC offers three separate residential PTSD treatment programs: a 12 bed men's program, a 10 bed women's program, and a 10 bed program for Veterans with traumatic brain injury (TBI) and PTSD. During fiscal year 2018, the TRC had 235 residential admissions to these programs. A multidisciplinary team including psychiatry, psychology, social work, speech, occupational therapy, recreational therapy, and neuropsychology provides services to Veterans in these programs. Each program has its own unique multidisciplinary team. Postdoctoral Fellows will have the opportunity to be members of these multidisciplinary teams and to participate in weekly team meetings. All three residential programs deliver cognitive processing therapy (CPT), which is an evidence-based, first-line recommended treatment according to VA/Department of Defense (DoD) guidelines (2017). CPT is delivered in a combined individual plus group format, and Fellows will have the opportunity to learn skills in the delivery of this format of CPT. In addition to CPT, Veterans in the residential programs receive a variety of psychoeducational and skills-focused groups, which are meant to compliment CPT in helping Veterans to reduce mental health symptoms and improve their functioning. Examples of these additional groups include evidence-based interventions such as relapse prevention, cognitive-behavioral anger management, and skills-focused groups derived from dialectic behavior therapy (e.g., distress tolerance,

interpersonal effectiveness). Fellows will also have the opportunity to participate in the delivery of these groups as well as the development of new and innovative, evidence-based psychotherapeutic and psychoeducational groups for Veterans within the residential program.

The TRC also has an outpatient program, which admitted 132 Veterans in fiscal year 2015. Within the outpatient program, Fellows will have the opportunity to receive training in a broad range of evidence-based psychotherapies. First, Fellows will receive training in individually delivered CPT (format used in the outpatient program) and prolonged exposure (PE) therapy. CPT and PE are the two first-line recommended psychotherapies for PTSD (VA/DoD, 2017). Fellows will also get the opportunity to learn CBT for Insomnia as well as Imagery Rehearsal Therapy for those interested in evidence-based sleep treatments.

In addition, Fellows will have the opportunity to receive training in present-centered therapy (PCT) for PTSD, which has demonstrated efficacy according to multiple, controlled studies. Finally, Fellows may receive training in cognitive-behavioral conjoint therapy (CBCT) for PTSD, which has demonstrated efficacy and effectiveness for reducing PTSD and improving relationships with concerned significant others. By receiving training in both the residential and outpatient TRC programs, Fellows will have the opportunity to learn about differences in delivery of evidence-based PTSD assessment and treatment to Veteran populations that are shown to be significantly different on demographic and clinical variables and which require varied treatment approaches to address their unique clinical needs.

Supervisors: Kathleen Chard, Ph.D.; Director, Trauma Recovery Center
Greg Bailey, PhD; Staff Psychologist, Trauma Recovery Center
Nicola Caldwell, PhD; Associate Director, Trauma Recovery Center
Amy Fahey, PhD; Staff Psychologist, Trauma Recovery Center
Meredith Klump, Ph.D; Staff Psychologist, Trauma Recovery Center
Jennifer Lewis, PhD; Staff Psychologist, Trauma Recovery Center
Colleen Martin, PhD; Staff Psychologist, Trauma Recovery Center
Laura Stayton Coe, Ph.D.; Staff Psychologist, Trauma Recovery Center
Toby Weiss, PsyD, ABPP; Staff Psychologist, Trauma Recovery Center

TRC outpatient clinic times: 8am – 6pm along with extended hours (7:30pm on Mondays, 8:30pm Wednesdays) to serve Veterans who work during the day.

TRC team meetings: Case conference/group supervision – Tuesdays 12:30-1:30pm; PTSD men’s residential team – Tuesdays 2:00-3:00pm, PTSD Women’s residential team meeting – Wednesdays 1:00-2:00pm; PTSD-TBI residential team meeting Wednesdays – 11:00am-12:00pm.

Trauma Recovery Center Research and Practice Rotation

In addition to its outpatient and residential treatment clinics, the Trauma Recovery Center (TRC) maintains an active research program involving participation in grant-funded clinical trials and the analysis of data obtained via routine care. Presently, two notable investigations are underway at the TRC. These involve the examination of a new, experimental trauma intervention (Accelerated Resolution Therapy) and the large-scale, psychometric validation of the Clinician-Administered PTSD Scale for DSM-5 (CAPS-5). Previous research projects include participation in Cooperative Studies Project 591 (a multi-site, comparative effectiveness study of CPT and PE) and trials evaluating novel PTSD treatments, such as Present-Centered Therapy and Acceptance and Commitment Therapy. Beyond these projects, TRC staff and trainees routinely publish results in peer-reviewed journals, including the Journal of Traumatic Stress, Journal of Consulting and Clinical Psychology, and Behavior Therapy.

Fellows taking part in the TRC research and practice rotation will have an opportunity to assist with current grant-funded studies and develop original projects using clinic data. Additionally, fellows will meet with supervisors for weekly, hour-long meetings, perform analysis using statistical software (SPSS, MPlus), and pursue the presentation and publication of research findings. Alternative options for those in the rotation include the development of review papers, meta-analyses, and grant proposals. Access to statistical and methodological resources and online databases is readily available. Lastly, those interested in consultation related to grant writing and funding mechanisms will have an opportunity to meet with Dr. Kathleen Chard, TRC Director and Associate Chief of Staff for Research at the Cincinnati VAMC.

Fellows completing the rotation will be allotted twelve hours per week for research purposes. To ensure compliance with state board guidelines, fellows' remaining rotation time will be spent conducting clinical work in the outpatient and/or residential programs. This provides good opportunity for fellows to gain experience in additional evidence-based treatments, including evidence-based substance use therapies (e.g., Mindfulness-Based Relapse Prevention) that are offered to Veterans in our residential treatment programs.

Competencies:

1. Improved skill and ability in conceptualizing research questions and developing analytic plans suitable for associated empirical testing.
2. Increased skill and ability in evaluating empirical research for methodological strengths and weaknesses.
3. Training in a broad range of evidence-based psychotherapies for PTSD
4. Evidence-based assessment of Veterans with PTSD and homeless Veterans
5. Evidence-based assessment screening for co-occurring substance use disorders

Supervisors: Colleen Martin, PhD; Staff Psychologist, Trauma Recovery Center
Laura Stayton-Coe, Ph.D.; Staff Psychologist, Trauma Recovery Center

Domiciliary for Homeless Veterans

The Ft. Thomas Domiciliary for Homeless Veterans (DOM) is a 58-bed biopsychosocial rehabilitation program designed to address the needs of homeless Veterans and facilitate their reintegration into the community. Although the primary presenting problem for the majority of our residents is substance use disorder, multiple other factors that contribute to homelessness are addressed at our facility. Thus, comprehensive and holistic care is offered to Veterans who suffer from mental health conditions such as mood, anxiety, personality, and/or psychotic disorders as well as other contributing medical, educational, and vocational needs. Because the problem of homelessness is multifactorial, several individually-tailored treatment goals are addressed during each resident's stay at the Domiciliary including: long-term sobriety, health maintenance, self-management skill training, employment, money management, improved quality of life, and community reintegration.

Fellows serve as part of an interprofessional treatment team, providing individual and group therapy and teaching psychoeducational classes and integrated care environment that is personalized, pro-active, and patient-driven. Groups and classes are based on the CENAPS model of SUD recovery by Gorski & Miller (1986), as well as values-based behavioral activation treatment for residential settings. Fellows will also receive supervision in other evidenced-based interventions including CBT for substance use disorders, Dialectical Behavior Therapy (DBT), Mindfulness-Based Relapse Prevention (MBRP), Acceptance and Commitment Therapy (ACT), and Motivational Interviewing/Motivational Enhancement Therapy (MI/MET). In addition, Fellows will conduct diagnostic, personality, and functional assessments with a particular emphasis on utilizing these assessments to inform case conceptualization and treatment formulation.

Supervisor: Ryan Faulkner, PsyD; Director, Domiciliary Care for Homeless Veterans & Director, Veterans Justice Outreach

DOM clinic hours: Because the Domiciliary is a residential rehabilitation center, hours of operation are 24/7. Fellows can train between the hours of 8:00am to 4:30pm, Monday through Friday.

DOM team meetings: Interdisciplinary treatment team meetings to screen new admissions and staff current cases – Monday-Fridays 8:00-9:00am; mental health counselors meetings – Thursdays 3:00-4:00pm.

Minor Rotation Opportunities

Fellows will also choose from three minor rotations. Minor rotations are 8 hours per week. These rotations include

- Trauma Recovery Center Research
- Telehealth for PTSD treatment
- Family/Couples Intervention

Trauma Recovery Center Research

Trauma Recovery Center staff are actively involved in ongoing applied clinical research. As part of the research minor rotation, Fellows would have the opportunity to utilize the clinic's large-scale database of nearly 3,000 patients who have participated in either the outpatient or residential Trauma Recovery Center treatment programs. These data are collected as part of routine clinical care through the Trauma Recovery Center and include structured clinical interview data (e.g., CAPS, SCID, primary self-report outcome measures (e.g., PCL, PHQ-9, secondary self-report measures (e.g., measures of coping, trauma-related cognitions, etc., and information gathered from clinical chart review (e.g., session attendance and therapy session content, demographic information, etc.. The datasets provide opportunities for Fellows to gain experience in effectiveness and quality improvement research. In addition, Trauma Recovery Center staff are actively involved in funded efficacy research, and Fellows would have opportunities to learn about grant-writing and administration. Finally, this rotation provides opportunities for Fellows to co-author manuscripts as well as take lead authorship on scientific manuscripts.

* please note that if you train on the Research and Practice Major rotation during the year you may only do this as a six month minor rotation.

Supervisors:

Kathleen Chard, PhD; Director, Trauma Recovery Center

Colleen Martin, PhD; Staff Psychologist, Trauma Recovery Center

Laura Stayton-Coe, Ph.D.; Staff Psychologist, Trauma Recovery Center

Telehealth for PTSD treatment

As presented on the website for the National Center for PTSD

(<http://www.ptsd.va.gov/professional/pages/ptsd-telemental.asp>): Many individuals in need of specialized posttraumatic stress disorder (PTSD) services live in geographically remote regions, such as on tribal reservations or in rural areas. Since people with PTSD often use self-isolation to reduce stimulation, hyperarousal, and interpersonal conflict, people with PTSD are more likely to settle in remote areas with low population densities. Mental health care in these remote areas is generally only available on a limited basis - especially mental health care for PTSD. Traditionally, these individuals do not get the services they need. Sometimes an individual will travel a great distance to a larger city, or the clinicians based in the larger medical centers will travel a great distance to visit rural communities. As a result, providing PTSD care to these individuals can impose a tremendous financial, travel, or personnel burden. Telemental health technology is increasingly easing these burdens by making PTSD clinical and educational services available in remote areas.

Postdoctoral Fellows working in this minor will join our already established telehealth team and provide evidence based treatments for PTSD to Veterans using telemental health technology. They will also become familiar with the means of overcoming access issues for our Veterans living in rural areas. This telehealth team is located at the Fort Thomas, KY, campus of the Cincinnati VAMC.

Please note that in order to do this rotation, the Fellow must already have advanced skills in providing CPT.

Supervisors: Meredith Klump, PhD; Staff Psychologist, Trauma Recovery Center

Family/Couples Intervention

A central source of social support for our Veterans comes through the quality of the relationships they have with their partners. Postdoctoral Fellows on this rotation will have the opportunity to learn two empirically-supported cognitive-behavioral psychotherapies for couples through the Trauma Recovery Center (TRC). The TRC is a multidisciplinary program focused on providing treatment to Veterans who have survived traumatic experiences, and is located at the Fort Thomas, KY, campus of the Cincinnati VAMC.

Fellows will have the opportunity to learn general cognitive-behavioral couples therapy, which is empirically supported for improving couple relationship adjustment. General cognitive-behavioral couples therapy focuses upon improving positive behavioral exchanges, improving communication, and addressing problematic cognitions that are contributing to couple distress and conflict.

Cognitive behavioral conjoint therapy (CBCT) for PTSD is a therapy that is currently being nationally disseminated by the VA. This therapy teaches couples skills for both reducing PTSD symptoms and improving their relationships. CBCT for PTSD utilizes techniques to help couples to learn to undermine avoidance and address problematic cognitions related to the traumatic events. CBCT for PTSD also helps couples to improve their conflict resolution skills, improve communication, and increase positive behavioral exchange within their relationship.

Supervisor: Colleen Martin, PhD; Staff Psychologist, Trauma Recovery Center

Fellowship Projects

Fellowship Project

A Fellowship project will be conducted by all postdoctoral Fellows related to their training activities and Learning Plan. These projects will be overseen by the Psychology Training Committee, and will culminate in a project presentation to our staff and trainees each Spring. Projects are intended to be related to team-based care. This may involve program-level or team-level activities and goals, elements of Smart Change system redesign, facilitating the adoption of team-based care within our facility, modifying existing patient care practices, developing new mental health initiatives, or assisting existing team-based care teams to measure and evaluate their effectiveness.

Examples of current projects in our Fellowship program include:

- Implementation and evaluation of an Interprofessional group treatment for diabetes in conjunction with Primary Care, the facility diabetes educator, and the Psychology Program.
- Partnering with the Whole Health Initiative to monitor outcomes of the Red Carpet Welcome program for new enrollees. Goal is to increase Veteran interaction with Primary Care clinic and expand wellness services.
- Outcome assessment project to determine whether Homeless Veterans are benefiting from the Distress Tolerance (DT) curriculum in the Domiciliary Program.
- Investigation of the drop-out rates for PTSD treatments in the TRC, and examination of whether drop-out rates differ based on treatment modality. The information is designed to provide preliminary information about where to focus program development efforts.
- Project to improve psychosocial services for oncology patients at the Cincinnati VAMC by integrating mental health services into the oncology clinic. This included implementing a psychosocial distress screening and referral process for all new oncology patients, providing both brief and extended psychological interventions with oncology patients who report psychosocial distress, and serving as the oncology team consultant on mental health issues that serve as barriers to effective medical treatment.

Some of our recent Fellowship Projects have also lead to professional presentations:

Phillips, J.E., Partlow, B., Duncan, A., Bruner, M., Heikenfeld, J., Scherb, H., & Altum, S. (2022, May 25). *Diabetes Basic Training Program: Empowering Veterans for Wellness*. Poster presented at the Annual Meeting of The International Congress on Integrative Medicine and Health, Phoenix, AZ, United States.

Altum, S., Kelty, A., & Downard-Navarro, S. (2022, May 24). *Improving Healthcare Worker Resilience Through Burnout Prevention: A Psychology Fellow Interdisciplinary Training Project*. Poster presented at the Annual Meeting of The International Congress on Integrative Medicine and Health, Phoenix, AZ, United States.

Program Didactics

Professional Conference

Professional Conference meets weekly for one hour. It is designed to meet the interests and growth needs of the professional Psychology staff, Postdoctoral Fellows, and Doctoral Interns. The Cincinnati VA Psychology Training Program is an approved provider of Mandatory Continuing Education credits for licensed psychologists by the Ohio Board of Psychology, and some of the professional conferences are specialized programs designed for MCE credits. Our psychology staff members regularly present at these conferences, and each Fellow will make one presentation during the training year and will involve presenting the results of their Fellowship project. The schedule of conferences for the recent training year is included in Appendix B.

Fellow Seminar

This 60 minute seminar is attended by Fellows only. Seminars include a combination of didactics and discussion, and are focused on issues of specific interest for the Fellowship. Seminars may be one-time presentations or span multiple sessions. Fellows are expected to lead a journal club-style presentation and discussion at least twice during the year. Some recent topics have included:

- Behavioral Health Coordination in the VA system
- Emergencies at the VA /Suicide Prevention
- Psychology Licensure/Loan forgiveness
- Sexual Diversity
- Military Sexual Trauma
- Management and Leadership in the VA
- Career paths and Agency Leadership
- Career advancement and the National Center for Organizational Development
- Gender and Sexual Orientation Diversity In the Clinical Setting: How to work more affirmatively and effectively
- Military Culture
- Motivational Interviewing
- Issues in Supervision: Models, Methods of Providing Feedback, and Cultural Considerations

In addition to rotation-specific trainings, during the course of the training year postdoctoral Fellows will have access to National Calls, National Seminars, sharepoints,

and trainings related to PTSD treatment and Mental Health Care for Homeless Veterans

Fellow Hour

Each week, Fellows have one protected hour to meet together. This allows them to maintain consistent contact with one another since they may otherwise have limited weekly contact aside from didactic trainings. As a program, we encourage each Fellow to use this protected time as a source of peer support and resource for navigating this year of training and preparation for future career plans.

Applying to the Fellowship

Fellowship Year & Stipend

The Fellowship year begins August 26, 2024 and ends August 22, 2025. The training stipend is \$54,127. Fellows receive paid federal holidays and 13 days of leave for vacation and/or professional development. State and federal income tax and FICA (Social Security) are withheld from Fellows' checks. The United States government covers trainees for malpractice under the Federal Liability Reform Tort Act. Fellows are eligible for health insurance benefits.

The Fellowship is a full-time training experience and lasts a full calendar year.

Eligibility Requirements

Applicants must meet the eligibility qualifications for psychology training within the Department of Veterans Affairs, which are described at <https://www.va.gov/oaa/hpt-eligibility.asp>

The following list of requirements were current at the time of the writing of this brochure, but please consult the link above to get the most current guidance.

- Have completed a doctorate from an APA or CPA accredited graduate program in Clinical, Counseling, or Combined Psychology, or PCSAS accredited Clinical Science program. Persons with a doctorate in another area of psychology who meet the APA or CPA criteria for re-specialization training in Clinical, Counseling, or Combined Psychology are also eligible.
- Have completed an internship program accredited by APA or CPA or have completed a VA-sponsored internship.*
- U.S. citizenship. VA is unable to consider applications from anyone who is not currently a U.S. citizen. Verification of citizenship is required following selection. All fellows must complete a Certification of Citizenship in the United States prior to beginning VA training.
- Federal law requires that most males living in the US between the ages of 18 and 26 register with the Selective Service System. Male, for this purpose, is any individual assigned male on their birth certificate regardless of current gender. Males required to register, but who failed to do so by their 26th birthday, are barred from any position in any Executive Agency. Visit <https://www.sss.gov> to register, print proof of registration or apply for a Status Information Letter.
- Interns are subject to fingerprinting and background checks. Match result and selection decisions are contingent on passing these screens. Please review information at: <https://www.va.gov/OAA/TQCVL.asp> Incorrect, incomplete or falsified information provided in the application may be grounds for dismissal. By submitting an application for internship, you are agreeing to these conditions, as well as authorizing release of information.

- In accord with the Federal Drug-Free Workplace Program, Fellows accepted here may be asked to submit a urine specimen as part of their pre-employment physical. Once on staff they are also subject to random selection for testing as are other employees. Ongoing participation in the internship is contingent on passing these screens. See: https://www.va.gov/OAA/onboarding/VHA_HPTsDrug-FreeWorkplaceOAA_HRA.pdf
- Please note: as a Federal training site our program staff and trainees follow the federal guidelines and requirements for the VHA with regard to COVID-based safety measures and vaccinations.
- We believe that diversity among departmental members strengthens our staff, stimulates creativity, promotes the exchange of ideas, and allows us to provide more sensitive and effective patient care. We welcome diversity in our Fellowship class, and we warmly encourage minorities and persons of diverse backgrounds of all types to apply.

*** Note:** Except for the completion of the pre-doctoral internship, ALL doctoral degree (academic, administrative, clinical) requirements MUST be completed no later than July 1, 2024. Additionally, applicants must complete their internships prior to August 23, 2024. Acceptance into the Cincinnati VAMC Fellowship program is dependent upon meeting this criterion.

If your school has a graduation date that occurs after August 23, 2024, you are qualified to begin the Fellowship year provided that you have completed all academic (including final department approval of dissertation), clinical (including internship), and administrative (approval from school director of training) requirements prior to August 23, 2024. In these situations, we require a certified letter from your school's registrar indicating that you have met all requirements for graduation.

Very strong candidates for our Fellowship would be those who have achieved one or more of the following in their internship and practicum experiences:

- **Clinical Experience:** Strong applicants have multiple experiences in Evidence-Based Practices and client-centered approaches to treatment. The applicant effectively describes the importance of placing the interests of patients at the center of health care delivery in their application and interview.
- **Team Based Professional Care:** Strong applicants have experience as a member of one or more inter-professional teams and are able to verbalize the importance of working in cooperation with those who receive care, those who provide care, and others who contribute or support the delivery of prevention and health care services.
- **Clinical Experience:** Strong applicants have clinical training and experiences working with populations consistent with our site (e.g., military personnel or Veterans, health psychology, substance use disorders treatment, hospitals, adults, trauma treatment, homelessness). They will also have experience with at least one empirically-supported treatment.

- **Scholarship:** Strong applicants have first-authored research and/or professional presentations on matters related to the postdoctoral training experience (e.g. interprofessional care, health psychology, dual diagnosis treatment, or trauma treatment, mental health care for the homeless including issues such as post deployment stress and substance use disorder, HIV or liver disease)
- **Diversity:** Strong applicants have demonstrated a pattern of valuing diversity through prior work with diverse clients and strong articulation of a sensitivity to and/or awareness of diversity considerations in their applications and interviews.
- **Goodness of fit:** Strong applicants' training experiences, scholarship, and self-stated career goals are consistent with the objectives of this Fellowship and with the scientist practitioner model of training in this program.
- **Dissertation:** Strong applicants have completed all requirements for their dissertation prior to applying to the Fellowship.

Application Process

Application materials are due by 11:59pm on January 1, 2024. We accept only electronic submission of all application materials through the APPA CAS online portal.

Please read and follow instructions carefully and prepare the following:

1. A cover letter that includes a statement of interest. This letter should include your understanding of either interprofessional care or trauma treatment and mental health care for the homeless, and how this training focus is related to:

- Your professional interests
- Any of your relevant educational, clinical, and research experiences
- Your training needs
- Your personal goals for the Fellowship
- Your career goals
- Your experience with diversity/multiculturalism

Please limit this letter to two single spaced pages or less.

2. A detailed and updated Curriculum Vita. Please include training hours from graduate school and your internship to date. You may also include a section of projected hours and experiences for the remainder of your internship.

3. Transcripts of your graduate work. For the application a scanned photocopy is adequate. However, if you are accepted into the Fellowship Program, you will need to provide an official school copy at that time

4. Three letters of recommendation. One should come from a faculty member personally familiar with your graduate school performance and at least one from a primary clinical supervisor during your pre-doctoral internship.

A letter of support from your current Internship Training Director that includes a statement that you are in good standing to successfully complete your predoctoral internship, the expected completion date of the internship, and your internship's APA accreditation status. If you already completed your internship, please include a copy of your internship certificate.

5. If you have not completed your dissertation, we require a letter from your dissertation chairperson describing your dissertation status and timeline.

All applications are reviewed for eligibility after materials are received. Interviews are offered to selective candidates based on rankings by the Postdoctoral Training Committee. Applicants are extended offers based on their written application materials and interview presentation.

We make every effort to keep our review process timely and to keep candidates well informed of their status throughout the selection period. Applicants are welcome to contact Brian Zinnbauer, Ph.D. (brian.zinnbauer@va.gov) at any time during the process.

All application materials should be uploaded to the APPA CAS portal

<https://appicpostdoc.liaisoncas.com/applicant-ux/#/login>

Candidate Interviews and Selection Process

Application materials are due by 11:59pm on January 1, 2024. We accept only electronic submission of all application materials through the APPA CAS online portal. Applicants will be notified by email by January 8th whether they will be invited to interview.

Virtual interviews are a required element of our process. All interviews will be conducted virtually on 2/6/2024 from noon until 4:30pm EST. This event includes a group orientation meeting with the Director of Training, a group meeting with members of the current Fellowship class, and individual interviews with doctoral staff and a current Postdoctoral Fellow.

We adhere to the APPIC Selection Standards & Common Hold Date, and will begin making offers within one week of our interview date.

Contact Information

Fellowship Director

Brian Zinnbauer, Ph.D., is the director of psychology training at the Cincinnati VAMC and coordinates this Fellowship. Contact information for Dr. Zinnbauer is as follows:

Brian Zinnbauer, Ph.D., ABPP
Chief, Psychology Program
Director, Psychology Training Program
Cincinnati VAMC
3200 Vine St. Cincinnati OH 45220
office (513) 861-3100 x204969
E-mail: brian.zinnbauer@va.gov

Accreditation

This post-doctoral Fellowship Program is currently accredited by the Commission on Accreditation of the American Psychological Association.

* Questions related to the program's accredited status should be directed to the Commission on Accreditation: :

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE, Washington, DC 20002 - 4242
Phone: (202) 336-5979 TDD/TTY: (202) 336-6123
E-mail: apaaccred@apa.org
Web: [link to the APA website](#)

Notice

It is important for us to let you know that, in accord with the Federal Drug-Free Workplace Program, Fellows accepted here may be asked to submit a urine specimen as part of their pre-employment physical. Other branches of the federal government may also conduct routine background checks as an additional pre-employment requirement. Incorrect, incomplete or falsified information may be grounds for dismissal. By submitting an application for Fellowship, you are agreeing to these conditions, as well as authorizing release of information. You are also agreeing to abide by all policies and procedures of a federal workplace, should you accept a training position at the Cincinnati VA Medical Center.

Licensure

Throughout the training year, fellows will receive support and training towards licensure including seminars, leave time granted to take the Examination for Professional Practice of Psychology (EPPP), and access to current preparation materials including AATBS and PsychPrep. This postdoctoral program meets the Ohio State Board of Psychology's licensure requirements for supervised postdoctoral hours. Fellows are registered with the Ohio Board of Psychology as Postdoctoral Fellows.

Appendix A - Staff

Psychology Training Staff

The broad range of background, expertise, and experience represented in the staff at the Cincinnati VA is also reflected in the variety of clinical services delivered throughout the hospital. Staff who are actively involved in the training program are listed below.

Gregory W. Bailey, Ph.D.

Loyola University Chicago, 2002

Director of Outpatient Services, Trauma Recovery Center

Dr. Bailey is a psychologist in the Trauma Recovery Center. He oversees the day-to-day management of outpatient services for Veterans with PTSD. Dr. Bailey provides individual, group, and couples-based therapy as well as diagnostic assessments. In addition to the cognitive-behavioral approaches often used at the TRC, Dr. Bailey has experience with interpersonal and family-based approaches to psychotherapy. Dr. Bailey earned his Ph.D. from Loyola University in Chicago, Illinois. Before coming to the Cincinnati VA, Dr. Bailey worked for a non-profit organization recognized for research, training, and clinical service provision to children and families affected by prenatal substance exposure. His responsibilities included providing psychological services to high risk children, adolescents, young adults and their families.

Nicola K. Caldwell, Ph.D.

University of Pittsburgh, 2003

Associate Director, Trauma Recovery Center

Dr. Caldwell completed her Ph.D. at the University of Pittsburgh and her postdoctoral training with the United States Army where she served as an Active Duty officer at the rank of Captain providing a full range of psychological services for eligible military personnel and their dependents. She is a staff psychologist in the Trauma Recovery Center, lead therapist for the men's PTSD residential program, and the coordinator for all residential PTSD programs. Working primarily in the residential programs, Dr. Caldwell provides individual and group psychotherapy utilizing cognitive behavioral approaches within an integrated client-centered, humanistic and systems theoretical framework. She also conducts diagnostic assessments for both outpatient and residential programs. Dr. Caldwell provides supervision in the areas of diagnostic assessment and individual and group psychotherapy. From a clinical and research perspective, she is interested in treatment outcomes, and exploring conduits to bridging the research to practice gap.

Kathleen M. Chard, Ph.D.

Indiana University, 1994

Director, Trauma Recovery Center

Associate Chief of Staff for Research

Dr. Chard is the Associate Chief of Staff for Research, Director of the Trauma Recovery Center and she is a Professor of Clinical Psychiatry and Behavioral Neuroscience at the University of Cincinnati. In her position she oversees the outpatient and residential treatment programs in the Trauma Recovery Center. Dr. Chard is also the Director the National VA CPT Dissemination Initiative designed to provide training and consultation in Cognitive Processing Therapy to clinicians throughout the VA system. Dr. Chard completed her Ph.D. at Indiana University and her postdoctoral training at the Center for Trauma Recovery in St. Louis, Missouri. Her prior positions were as an Associate Professor and the Director of the Center for Traumatic Stress Research at the University of Kentucky. Dr. Chard is the creator of Cognitive Processing Therapy for Sexual Abuse and she is co-author of the Cognitive Processing Therapy for PTSD: Comprehensive Manual. Dr. Chard's research interests include examining the effectiveness of empirically supported, cognitive treatments for the treatment of Posttraumatic Stress Disorder, as well as the mediating effects of positive psychology variables on treatment outcome. She is currently Co-Chair of a 17-site study comparing CPT with Prolonged Exposure in Veterans of all eras. Dr. Chard is a past Associate Editor of the Journal of Traumatic Stress and a member of the ISTSS Board of Directors. She has over 50 peer reviewed manuscripts and numerous presentations related to PTSD and efficacy-based treatments

Lyndsay Griffin Colvin, Psy.D.

Wright State University, 2016

Staff Psychologist, Pain Management Services

Dr. Griffin Colvin is currently a staff psychologist in the Pain Management Clinic. She graduated from Wright State University following completion of internship at the Cincinnati VA Medical Center in 2016. Directly following graduation Dr. Griffin Colvin joined the Cincinnati VAMC staff. Her primary role is working within the interdisciplinary team that serves Veterans learning to live life with chronic pain. She is also a member of the Amyotrophic Lateral Sclerosis (ALS) interdisciplinary team and has clinical interest in working with veterans who have been diagnosed with neurological conditions. She serves on the Diversity Training Committee and is passionate about discussing the way in which our many diversity variables impact the way in which we interact in the world. Dr. Griffin Colvin works from an integrative approach, blending conceptualization and treatment techniques from Acceptance and Commitment Therapy and Interpersonal Therapy. She is also trained in Cognitive Processing Therapy, Motivational Interviewing, and Biofeedback.

Amy Fahey, Ph.D.

University of Louisville, 2003

Staff Psychologist, Trauma Recovery Center

Cincinnati VA Evidence-Based Psychotherapy (EBP) Coordinator

Dr. Fahey is currently one of the lead clinicians in the women's PTSD Residential program, a position she has held since joining the VA in 2008. She completed a doctoral internship and a postdoctoral fellowship at the University of Illinois Medical Center at Chicago (UIC), Department of Psychiatry, specializing in stress and anxiety disorders and cognitive behavior therapy. While at UIC she served as a certified cognitive therapist on the STAR*D treatment effectiveness study, a large, multi-site study sponsored by NIMH designed to assess the effectiveness of a variety of treatments for depression. During her fellowship year at UIC she also completed additional research training in The Brain-Body Center and provided cognitive-behavior therapy supervision to PGY-3 Psychiatry Residents. In her current position, Dr. Fahey conducts diagnostic assessments in both the residential and outpatient programs, and also provides individual and group treatment to Veterans with PTSD. Dr. Fahey provides clinical supervision for interns in the areas of diagnostic assessment, individual therapy, and group therapy. Her theoretical orientation is cognitive-behavioral.

Ryan Faulkner, Psy.D.

Wright State University, 2004

Director, Domiciliary Care for Homeless Veterans

Director, Veterans Justice Outreach

In his position as Director of the Domiciliary, Dr. Faulkner oversees the administrative and clinical functions of the Domiciliary, Veterans Therapeutic Work Program, and the Veterans Justice Outreach program. His clinical work is predominately focused on cognitive-behavioral approaches. His current clinical interests are in the areas of substance use disorders, co-morbid mental health conditions, and sociological factors contributing to homelessness. Dr. Faulkner also has considerable experience with PTSD, having served as the Associate Director of the Trauma Recovery Center from 2008-2012.

Prior to coming to the Cincinnati VAMC, Dr. Faulkner was employed with a community mental health agency where he served as the community and treatment liaison to the Northern Kentucky adolescent drug courts as part of a 3-year SAMHSA grant. As part of this position, Dr. Faulkner provided clinical and administrative oversight to the intensive outpatient treatment providers of 3 adolescent drug courts in the region, coordinated the development of appropriate process and outcome measures in order to evaluate the effectiveness of the treatment program, coordinated IOP treatment with the court system, local school districts, and various social service agencies, and developed and maintained community contacts in order to increase appropriate adolescent referrals and participation in drug courts and IOP treatment.

Zane Faulkner, Psy.D.

Wright State University, 2019

Staff Psychologist, Outpatient Substance Use Treatment Program (SUDEP)

Dr. Faulkner graduated from Wright State University in 2019 and completed his pre-doctoral internship training at the Cincinnati VAMC. Following internship, Dr. Faulkner completed his post-doctoral fellowship at the Cincinnati VAMC in HIV & Liver Disease, with a minor rotation in the Pain Management Clinic. He was subsequently hired to work in Outpatient SUDEP and spends part of his time receiving "warm handoffs" from the Infectious Diseases Clinic. Dr. Faulkner currently serves on the Psychology Training Committee and Assessment subcommittee. He is also part of the Diversity Committee.

In terms of clinical approach, Dr. Faulkner primarily conceptualizes cases and intervenes from an acceptance and commitment therapy approach (ACT). He has participated in several ACT trainings, including a multi-day "Boot Camp" and multi-week on-line trainings. Dr. Faulkner enjoys teaching others about ACT, self-compassion, and other mindfulness and acceptance-based approaches, including mindfulness-based relapse prevention (MBRP). He believes in a process-based treatment approach that is focused on function and workability in the service of the the Veteran's values and goals.

Shari Frensemeier, Ph.D.

University of Cincinnati, 2002

Whole Health Program Manager

As the Whole Health Program Manager, Dr. Frensemeier leads the transformation of clinical care at the Cincinnati VA. This shift involves an expansion of care to include enhancing well-being, seeking a whole person perspective that follows the Veteran's wisdom about what to focus on to improve health and incorporates complimentary and integrative approaches. She works with executive leadership and service chiefs to incorporate whole health into operations that support clinical care and employee well-being.

Dr. Frensemeier supervises Whole Health coaches, partners, volunteers, and CIH providers and has integrated interested trainees easily into the mentoring and coaching of Whole Health staff. Over the years, she has worked on collaborative projects with Pulmonology, Endocrinology, Sleep, Primary Care, and Nutrition. She received a Personalized Health Plan Pilot Grant in 2013 and a Whole Health Design Site grant in 2018-2019. Before becoming Whole Health Program Manager, she served as the Health Behavior Coordinator for 10 years and a Home Based Primary Care psychologist for 3 years. Dr. Frensemeier completed her pre-doctoral internship at the Cincinnati VA Medical Center in 2001 with a focus on primary care. She was employed by a community mental health center in Southeastern Indiana for 8 years before returning to the VA. There she was the coordinator for integrated primary care and mental health services and developed a co-located program in a community health center.

Janell Giannitelli, Psy.D.

Xavier University, 2004

Associate Director, Psychology Training Program

Staff Psychologist, Bellevue, KY Community Based Outpatient Clinic (CBOC)

Dr. Giannitelli works in one of the Cincinnati VA's community based Outpatient clinics (CBOC). The clinic is located in Bellevue, Kentucky (which is across the river from downtown Cincinnati) and is designed to offer outpatient services to Veterans in a location closer to where they live. The clinic offers services in primary care, nurse triage and anticoagulation, lab work, psychology, psychiatry, social work, optometry, pharmacy, and nutrition. Dr. Giannitelli provides individual and group therapy, psychological assessment, and psychoeducational classes to Veterans with a wide range of presenting problems.

Her clinical approach is an integration of cognitive-behavioral and interpersonal process techniques. She adapts her approach to therapy based on the individual needs of each client. Dr. Giannitelli values multidisciplinary collaboration and strives to facilitate comprehensive care for her clients, especially clients dealing with health issues. She also enjoys taking part in the training program and supervising interns and practicum students. In her position as Associate Director of the Psychology Training Program, she assists with the development and management of the doctoral internship and clinical practicum training programs.

Nancy G. Gustin, Psy.D.

Wright State University, 2005

SUD-PTSD Psychologist, Trauma Recovery Center

Dr. Gustin received her doctoral degree in Clinical Psychology from the Wright State University School of Professional Psychology in 2005. She completed her clinical internship at the Dayton VAMC in Dayton, Ohio with a focus on the treatment of Posttraumatic Stress Disorder (PTSD). As the Substance Use Disorders – PTSD Psychologist in the Trauma Recovery Center, she works in the residential and outpatient programs and specializes in the provision of Motivational Interviewing/ Motivational Enhancement Therapy, Seeking Safety, Harm Reduction, Cognitive Behavioral Relapse Prevention, and Mindfulness Based Relapse Prevention with dually diagnosed Veterans. She also conducts diagnostic evaluations and provides individual, group, and couples psychotherapy to dually diagnosed Veterans. Her research interests include couple-based treatments for PTSD and SUD and examining PTSD treatment outcomes in Veterans with co-morbid PTSD and SUD. Prior to her position at the Cincinnati VA, Dr. Gustin was the Director of the Posttraumatic Stress Disorder, Military Sexual Trauma, and OIF/OEF Outreach Programs at the Dayton VAMC.

Danny Hall, Ph.D.

University of Akron, 2004

Health Behavior Coordinator

Dr. Hall completed a 2-year NIH funded addiction treatment research postdoctoral fellowship at the University of California, San Francisco (UCSF) in 2006. After that training he accepted a position at the Detroit VAMC in which he designed an intensive outpatient program (IOP) for addiction treatment. He was the coordinator of this program for 6 years. Also, he was the primary supervisor for APA-accredited postdoctoral fellowship in addiction psychology. From 2012 until Fall 2022 he was the coordinator of outpatient addiction treatment for the SUDEP department. Since taking the position as Health Behavior Coordinator in Primary Care he is trainer in the Whole Health department and has completed Motivational Interviewing Facilitator training, TEACH for Success Facilitator training, and has lead numerous Whole Health trainings. He has been using clinical hypnosis for chronic pain and smoking cessation since 2021.

Victor Jones, Ph.D.

Howard University, 2018

Staff Psychologist, Primary Care/Mental Health Integration Program

Victor Lamarr Jones, Jr. received his Ph.D. in clinical psychology from Howard University. He completed his clinical internship in health psychology at the VA Maryland Health Care System / University of Maryland School of Medicine Consortium, and his postdoctoral fellowship in HIV and Liver Disease at the Washington DC VA Medical Center. Dr. Jones has worked in a variety of healthcare settings, including palliative and hospice care, sub-acute rehab, primary care, and neurology (chronic pain). His research has explored the biological, psychological, social, and spiritual factors that impact overall health and wellness in at-risk populations. He currently works as a staff psychologist in the Substance Dependence treatment Program (residential and outpatient) providing individual, group, and couples psychotherapy; he also provides care to Veterans through the Liver Clinic. Dr. Jones utilizes a variety of evidence-based techniques and interventions including Motivational Interviewing, Cognitive Behavioral Therapy, and Emotionally Focused Therapy. He is a member of the Diversity Committee and welcomes opportunities to share, learn, and grow with budding clinicians as they progress toward their personal and professional goals.

Meredith Klump, Ph.D.

Suffolk University, 2009

Staff Psychologist, Trauma Recovery Center

Dr. Klump is currently one of the lead clinicians in the women's PTSD Residential treatment program. She received her PhD in clinical psychology from Suffolk University in Boston, MA. She completed a clinical internship at the Northampton, MA VAMC and postdoctoral fellowship in Behavioral Health at the Bedford, MA VAMC. She spent two years at the Providence, RI VAMC as a staff psychologist in integrated Primary Care and Behavioral Health. She has clinical training and experience providing evidence based cognitive behavioral therapies for conditions such as PTSD and concomitant anxiety and mood disorders, chronic pain, and other psychological and acute medical conditions. In her current position, Dr. Klump provides evidenced based treatment interventions (i.e., Prolonged Exposure and Cognitive Processing Therapy) in person and via telemental health for Veterans diagnosed with PTSD. She also provides individual and group psychotherapy in the women's residential treatment program and conducts diagnostic assessments for the outpatient and residential programs. Dr. Klump provides clinical supervision for interns and postdoctoral fellows in the areas of individual and group therapy, and diagnostic assessment.

Jennifer Lewis, Ph.D.

Western Michigan University, 2003

Staff Psychologist, Trauma Recovery Center Outpatient Program

VISN 10 Regional CPT Trainer

Dr. Lewis received her PhD from WMU in Kalamazoo, Michigan. She completed both her Psychology Internship and Postdoctoral Fellowship within the Posttraumatic Stress Disorder Program (now Trauma Recovery Center) at the Cincinnati VAMC. Dr. Lewis conducts diagnostic assessments and facilitates group and individual therapy at the Trauma Recovery Center from a cognitive behavioral perspective. The TRC provides services to Veterans of all eras of war and conflict, all branches of the military and with PTSD from childhood, military, and/or civilian experiences. Dr. Lewis utilizes a variety of evidence based approaches including Cognitive Processing Therapy (CPT), Prolonged Exposure (PE) and Present Centered Therapy (PCT). She works closely with the Trauma Recovery Center's multidisciplinary team to provide training to Practicum Students, Medical Residents, Psychology Interns, and Postdoctoral Fellows in the areas of evidence based diagnostic assessment, individual psychotherapy and group psychotherapy. In addition to supervising the CPT Minor rotation, she is a Trainer and Consultant for the CPT Implementation Program which is designed to provide training and consultation in CPT to clinicians throughout the VA system. Dr. Lewis' research interests include treatment outcomes and the interface between research and clinical approaches. She was a Therapist Consultant for the VA Cooperative Studies Project 591, a multi-site trial comparing the relative effectiveness of Prolonged Exposure and Cognitive Processing Therapy. She will be taking part in an upcoming study comparing CPT to EMDR. Dr. Lewis also maintains a private practice in Blue Ash, Ohio.

Colleen Martin, Ph.D.

The University of Houston, 2017

Staff Psychologist, Trauma Recovery Center

Dr. Martin received her doctorate in counseling psychology from the University of Houston in 2017. She completed her pre-doctoral internship at the Michael E. DeBakey VAMC in Houston, TX in 2016 and received post-doctoral training in the TRC/DOM fellowship at the Cincinnati VAMC in 2017. Following post-doctoral training, Dr. Martin held a position in Research Service at the Cincinnati VAMC working as a Clinical Assessor on a Department of Defense-funded study examining the psychometric properties of clinician-administered PTSD assessments, as well as biomarkers for PTSD. Dr. Martin has clinical interests in treating PTSD and related symptomatology, as well as research interests in the associations of PTSD and suicidal thoughts and/or behaviors in trauma-exposed populations. She is currently a staff member in the Women's Residential PTSD Program and the outpatient clinic of the Trauma Recovery Center. She provides evidence-based treatments for PTSD including CPT, PE, and CBCT for PTSD. Dr. Martin is also involved in the TRC Research Team and has active studies that include examining suicidal ideation across evidence-based treatments for PTSD, comparisons of symptom outcomes of evidence-based treatments for PTSD in the outpatient program, and the role of the interpersonal psychological theory of suicide in PTSD treatment. Additionally, she is serving as a Co-Lead Site Investigator for a multi-site study examining treatment success and retention for Veterans with PTSD and comorbid substance use disorders, as well as a Sub-Investigator on a study examining the impact of COVID-19 on frontline health care workers.

Nancy W. Nagel, Psy.D.

Wright State University, 2006

Clinical Health Psychologist

Dr. Nagel is a board certified clinical health psychologist who works in multiple integrated settings within the facility. She received her doctoral degree from Wright State University and she completed her pre-doctoral internship as well as post-doctoral training in Health Psychology at the Cincinnati VA Medical Center. During her tenure, she developed a multidisciplinary chronic pain rehabilitation program, has provided consultative services to the hospice and palliative care team and worked in Primary Care- Mental Health Integration where she is the local site investigator for a multisite study exploring brief treatments for PTSD in the primary care setting. Dr. Nagel is currently working on expansion of integrated behavioral health programming to the specialty medical clinics including cardiology, pulmonary, and hematology/oncology. Additional responsibilities include conducting pre-surgical evaluations for solid organ and bone marrow transplants as well as bariatric procedures. She enjoys providing supervision at both the predoctoral and post-doctoral level to trainees interested in the specialties of health psychology and interdisciplinary care.

Chelsea Sleep, Ph.D.

University of Georgia, 2021

Staff Psychologist, Outpatient Substance Use Treatment Program

Dr. Sleep graduated from the University of Georgia in 2021, and she completed her pre-doctoral internship training at the Cincinnati VAMC. Following internship, she became a member of the professional staff as an outpatient provider in the SUDEP clinic, and she serves as a member of the Assessment subcommittee. She is also an assistant professor of clinical-affiliate at the University of Cincinnati's Department of Psychiatry and Behavioral Neurosciences. Dr. Sleep's research interests include structural models of personality and quantitative models of psychopathology, with a particular emphasis on the conceptualization and assessment of Antagonism-based disorders. Her work has also focused on the perception of pathological traits, associated impairment, individual's desire for change, and understanding barriers to change. Dr. Sleep is also interested in examining transdiagnostic components of psychopathology and how these components can be intervened upon to provide meaningful clinical change. Dr. Sleep has over 30 peer reviewed manuscripts, and she is a consulting editor of the journal *Assessment*.

Katie Smidt, Ph.D.

Suffolk University, 2016

Senior Organization Development Psychologist with the VHA National Center for Organization Development (NCOD)

Dr. Katie Smidt is a Senior Organization Development Psychologist with the VHA National Center for Organization Development (NCOD) providing organizational consultation services to VA offices nationwide. She works on the Support and Intervention Team and has a strong role in communication efforts across Organizational Health. Katie also holds the role of Project Champion for NCOD's Leadership Canvas website, a platform for VA leaders to access self-guided resources to promote leadership behaviors and employee engagement. She serves as a Leadership Coach to leaders across VA to assist meeting their personal and professional goals.

Katie earned her Ph.D. from Suffolk University in 2016. She completed her predoctoral internship at VA Boston's PTSD Clinic, followed by a two-year clinical research fellowship at the National Center for PTSD at VA Boston. Katie worked for three years as an OD Psychologist for VISN 1 (VA New England) prior to joining the NCOD Team in 2021. Outside of her work at NCOD, she conducts clinical assessments for PTSD and trains raters to effectively administer these measures.

Laura Stayton-Coe, Ph.D.

**Western Michigan University, 2017
Staff Psychologist, Trauma Recovery Center**

Dr. Stayton Coe received her doctorate in clinical psychology from Western Michigan University in 2017. She completed her predoctoral internship at the Cincinnati VAMC in 2016-2017 training year. She also received additional postdoctoral training at the Cincinnati VAMC. Throughout her graduate training, Dr. Stayton Coe focused on the study of PTSD and effectiveness of evidence-based treatments for traumatic stress as well as behavioral approaches to treatment. She currently provides outpatient services in the Trauma Recovery Center. She is trained in various EBP's including CPT, PE, PCT, EMDR, CBT-I and CBT for trauma-related nightmares. Dr. Stayton Coe is a VISN 10 CPT Regional Trainer and consultant and oversees the CPT minor rotation. In addition, Dr. Stayton Coe is an active member of the TRC research team and has recent publications evaluating the impact of CPT on suicidal ideation as well as various factors that impact treatment effectiveness. Dr. Stayton Coe also provides supervision for the PTSD research minor.

Jonathan L. Steinberg, Ph.D.

Miami University, 1991
Coordinator, SUD/PTSD Program

Dr. Steinberg was hired by the Cincinnati VA in 1992 as part of the team developing the hospital's first dedicated PTSD Program. He worked in this program for 10 years before moving to the SUD/PTSD Program. He has employed a range of individual and group therapies for PTSD and currently employs Prolonged Exposure Therapy as well as various coping based approaches. He emphasizes development of the therapeutic relationship, awareness of client needs and goals, and the role of conceptualization in psychotherapy. He views Motivational Interviewing as central to all of his clinical work. Dr. Steinberg enjoys teaching and provides training workshops on Motivational Interviewing to psychology interns, other health care trainees and some staff. He is a member of the Motivational Interviewing Network of Trainers (MINT) and a trainer/consultant in the national rollout of Motivational Interviewing. His clinical interests include the impact of PTSD on relationships, anger management, and the use of normative feedback in substance use disorder interventions (Motivational Enhancement Therapy).

Jennifer L. Sudbrack, Ph.D.

Miami University, 2002

Staff Psychologist, Outpatient Mental Health

Co-coordinator for VISN 10/Cincinnati VAMC Eating Disorders Treatment Team

Dr. Sudbrack provides psychological services at the Community Based Outpatient Clinic (CBOC) located in Florence, KY and serves as Lead Psychologist for the six CBOCs of the Cincinnati VAMC. The CBOCs are VA outpatient clinics offering mental health, primary care, and select other specialized medical services to Veterans at locations more convenient to where they live. Dr. Sudbrack is also the psychologist and co-coordinator for the Cincinnati VAMC Eating Disorders Treatment Team, which provides direct patient care to Cincinnati area veterans and consultation to providers across VISN 10 (Ohio, Indiana, & Michigan).

Dr. Sudbrack's primary areas of professional interest are eating disorders, body weight and shape concerns, PTSD, and self-management of chronic illness. She has been trained in a variety of approaches to psychotherapy and uses an integrative model of care, regularly making use of techniques from diverse models, including client-centered, cognitive, DBT, psychodynamic, feminist, group process, and family systems theories. Her approach to supervision is based on a developmental model guided by the supervisee's clinical skill and professional development. She invites interns to explore a variety of theoretical perspectives and interventions and enjoys working with them to discover and refine their own approach to the work.

Tobias C. Weiss, PsyD, ABPP

Xavier University, 2003

Staff Psychologist, Trauma Recovery Center

Dr. Weiss is presently a co-lead for the men's residential PTSD program. He divides his time between the residential PTSD programs, outpatient PTSD program, and multiple research projects. Dr. Weiss provides diagnostic evaluations, individual psychotherapy, group psychotherapy, and couples psychotherapy. Dr. Weiss completed his Psy.D. at Xavier University and completed the American Board of Professional Psychology (ABPP) specialty certification in Cognitive-Behavioral Psychology in 2011. Prior to his work with the Cincinnati VAMC, he worked in outpatient community mental health managing a caseload of individual therapy clients and performing guardianship evaluations for Campbell County, KY. Dr. Weiss has extensive experience in psychological assessments having worked in various hospital, outpatient, and forensic settings. His current areas of interest include: supervision, group process work, and augmenting evidenced-based treatments in residential settings. Dr. Weiss is currently coordinating and focusing his own research on a PTSD residential therapy group that combines the principles of Aikido (a defensive martial art) with conflict resolution/anger management skills.

Brian Zinnbauer, Ph.D., ABPP

Bowling Green State University, 1998

Chief, Psychology Program

Director, Psychology Training Program

As Chief of the Psychology Program, Dr. Zinnbauer advises Medical Center leadership on issues pertaining to professional aspects of our discipline such as credentialing and privileging, continuing education, resource management, hiring of psychologists, and training of students. In his position as the Director of the Psychology Training Program, Dr. Zinnbauer is responsible for the development and management of the doctoral internship, postdoctoral fellowship, and clinical practicum training programs.

Dr. Zinnbauer also provides psychological services to Veterans in the Mental Health Care Line. Dr. Zinnbauer's clinical work draws upon cognitive therapy, interpersonal process, addictions treatment, and positive psychology. He also has a professional interest in writing, research, and clinical applications of the psychology of religion and spirituality. Dr. Zinnbauer's framework for supervision includes a developmental approach to understanding Fellow's clinical skills and professional development. For outpatient psychotherapy supervision he emphasizes understanding interpersonal process, case conceptualization, and flexible strategies to meet Veterans where they are in treatment and to adapt treatment approaches to the individual needs of our Veterans.

Appendix B: Recent Didactic Topics

The page below lists the Professional Conferences that were offered between September and June during the 2022 -2023 training year.

Professional Conferences

Presenter, Topic

Nick Salsman, DBT Update

Greg Bailey, Positive Psychology

Brandon Bryan, Working with Politically Charged Veterans in Treatment

Kelly Napier, Case presentation of Veteran in Home Based Primary Care

Lief Noll, Working with Older Veterans: Meaning, Loss, and Role Changes in Late Old Age

Meredith Klump, Psychedelic-Assisted Therapy for the Treatment of PTSD

Merdijana Kovacevic, Intensive Treatments for PTSD

Mackenzie Kirkman, Fool Me Twice: Conceptualizing and Targeting Shame

Kaja Harper, Capacity Evaluations

Lyndsay Griffin Colvin, Biofeedback

Danny Hall, Tobacco Use Disorder: Epidemiological, Marketing, and Treatment Implications

Chelsea Sleep, Evidence-based Assessment of Substance use Disorders

Nalda Gordon, Psychosocial Rehabilitation and Recovery Program

Zane Faulkner, Working with Values in ACT

Mindy Sefferino, Insomnia and CBT-i

Amy Fahey, Body Dysmorphic Disorder

Sydney Black , Building Resilience Support Teams

Kristin George, Development of a Comprehensive Bariatric Program

Daniel Lattimore, Shifting from 'What's the Matter?' to 'What Matters': Integrating Whole Health into Primary Care and Mental Health at the Cincinnati VAMC

Melanie Midkiff, Veteran and Provider Experiences in a Pilot 3-week PTSD Residential Massed Program

Caroline Scheid, Demographic Information and Veterans' Functioning Following the Completion of a Massed Residential PTSD Treatment Program

Workshops

Dr. Victor Jones, Diversity Dialogues in Supervision and Consultation

Dr. Nia Billings, Ableism and Implicit Attitudes towards people with disabilities

Drs. Barrett, Noll, and Steinberg, The Aging Psychologist

Drs. Steinberg, Gore and Frensemeier, Motivational Interviewing and Motivation Enhancement

Fellow Seminars 2022 – 2023

Presenter, Topic

Clinical and Professional Development

Lisa Liston, Suicide Prevention at the VA

Megan Rock, Using the Gallup Strengths Survey to Understand your Work and Leadership Styles

Zane Faulkner, EPPP and licensure

Current Fellowship Class, Applying to Jobs and Life After Fellowship

Fellowship Alumni, Careers outside of VHA

Supervision Seminars I and II facilitated by Dr. Zinnbauer

Journal Club Topics

Spreading Pride in All Who Served: A Health Education Program to Improve Access and Mental Health Outcomes for Sexual and Gender Minority Veterans

Military Culture and Its Impact on Mental Health and Stigma

Challenges and Opportunities for Online Telehealth Group Treatment

Facilitating Successful Reentry Among Justice-involved Veterans

Self-Care as a Competency Benchmark: Creating a Culture of Shared Responsibility

How to Navigate Conflict with a Coworker Seven strategies to help you make progress with even the most difficult people

Candid Leadership, from the VHA podcast The Audacity to Fail

Service Members Prefer a Psychotherapist Who Is a Veteran

Trainee wellness: self-critical perfectionism, self compassion, depression, and burnout among doctoral trainees in psychology